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May 3, 2007

Federal Communications Commission  
Commission's Secretary  
Office of the Secretary  
236 Massachusetts Ave, N.E.  
Suite 110  
Washington, D.C. 20002

RE: Rural Pilot Network Program

To Whom It May Concern:

Please accept the attached proposal in response to the FCC's Rural Network Pilot Program WC Docket Number 02-60. This proposal request funding for a statewide template for connectivity that will provide an infrastructure for HIT development and implementation across the continuum of healthcare providers within our state.

If additional information is needed or if you have questions regarding the proposal, please feel free to call me at 601-984-5572. We represent an interdisciplinary team of healthcare providers from throughout our state and look forward to working with the FCC in the implementation of this pilot network

Respectfully,



Robert Galli, M.D.  
Chair, Emergency Medicine  
Director, Telemedicine Project

## Introduction

Since President Bush's 2004 announcement that every American would have an Electronic Health Record (EHR) within 10 years, significant national initiatives have been undertaken to meet this objective. In 2004, AHRQ initiated a \$139 million dollar program to promote health information technology (HIT) adoption and exchange. Awards were spread across 41 states; approximately 50% included an HIT exchange component. The FCC's Rural Health Care 2006-2007 pilot program has allocated \$100 million dollars for broadband expansion and development of a statewide health information exchange (HIE) infrastructure. In addition to funding initiatives, additional examples of national initiatives are the following: the creation of the Office of the National Coordinator (ONC); the Certification Commission for Health Information Technology (CCHIT) announced in July, 2006 to provide certification for EHR's; the Doctor's Office Quality-Information Technology (DOQ-IT) program focusing on physician office HIT adoption funded through CMS. In addition, the Health Information Technology Standards Panel (HITSP) and the American Health Information Community (AHIC) headed by Secretary Leavitt were formed to create support groups for development and use of HIT. Concurrent with these national initiatives, the Southern Governors' Association (SGA) has been commissioned to examine the feasibility of creating an HIT infrastructure to support healthcare data exchange among the Gulf States. Finally, the e-Health initiative and the Health Information Security and Privacy Collaboration (HISPC) analyzed HIT integration and adoption, barriers and benefits to HIT adoption, and offered suggestions for creating solutions and implementation of HIT and improving the state HIE infrastructure.

Although several national HIT initiatives are underway, less than 10% of US hospitals have an electronic medical record; 19% of healthcare providers and 5% of clinicians utilize a completely computerized patient record. Research has shown that phone, fax, or mail continues to account for over 90% of all healthcare communication and that only one-third of US hospitals have implemented computerized physician order entry (CPOE).

In general, most HIT efforts have focused on large hospitals, urban areas, and individual providers. In order for HIT to reach the maximum potential in providing quality healthcare for all Americans, efforts must span the health care continuum. Efforts must include rural as well as urban areas, providers across the continuum of care including hospitals, private offices, mental health clinics, state health clinics, rural health clinics/federally qualified health clinics, and, most importantly, be implemented across multiple systems of providers. This is especially important to Mississippi given the state's rurality, poverty, and lack of healthcare providers in geographically isolated areas. Mississippi is the 4<sup>th</sup> most rural state, and by most measures the poorest and least healthy state in America. Mississippi ranks 50<sup>th</sup> in per capita income and 50<sup>th</sup> in overall health. *The need to extend medical training through CME/CEUs to health care professionals throughout the state, to provide telemedicine assistance to primary physicians, emergency rooms and mental health professionals, and to offer education to help in the patient empowerment process cannot be underestimated.*

## **Improving Access, Quality, and Continuum of Care in Mississippi to Improve Health Disparities**

### **Goals and Objectives of Proposed Network**

Our proposal is focused on upgrading the technical quality and bandwidth of our current telemedicine network, extending access of this network to geographically isolated rural providers, and expanding the continuum of care across a variety of healthcare providers. Specifically, we will upgrade the current network that ranges from 64K - 6M to T1 - 9M. We will extend access coverage of the network to: 20 rural hospitals, 22 Community Health Centers (Rural Health Centers (RHC's) and Federally Qualified Health Centers (FQHC's)), 28 Department of Mental Health facilities, 5 private physician offices, 9 Mississippi State Department of Health Clinics, as well as seek additional opportunities to work with other healthcare provider agencies throughout the state of Mississippi. This not only increases our geographic outreach, but also expands coverage across a broad continuum of care by creating an HIT infrastructure to connect this variety of healthcare providers. In addition to expanding access to the current UMMC telemedicine services, in order to improve the quality of care provided to patients in rural areas, we will add three additional applications: 1) telehealth as part of the provider educational initiatives, 2) web-based patient education, and 3) hyperlinks to UMMC's knowledge base for network provider participants.

This is a **pilot project** in which we will demonstrate our ability by building a template for a statewide infrastructure for HIT across the continuum of healthcare providers. Our current telemedicine network connects 10 rural hospitals. Since the inception of this network, over 40,000 patients have received medical treatment from rural healthcare providers in consultation with UMMC physicians (see below for a description of the current system). The current network utilizes an ATM backbone with Frame Relay provisioned to the edge employing a variety of capacity circuits ranging from 64K to 6Mb. The existing infrastructure will be upgraded through the deployment of Multi-Protocol Label Switching (MPLS) technology and increasing the bandwidth at each site to support the deployment of the proposed applications. Multi-protocol Label Switching (MPLS) offers simpler mechanisms for packet-oriented traffic engineering and multi-service functionality with the added benefit of greater scalability. MPLS brings to the table many benefits, in particular for a network requiring high reliability and efficient QoS capabilities such as the proposed health information network. Some of the benefits include: 1) increased scalability relative to the currently deployed ATM/Frame Relay network, 2) reduction in the complexity of network operations, 3) facilitates the delivery of new routing capabilities that enhance conventional IP routing techniques, 4) provides a standards-based solution that promotes multi-vendor interoperability, 5) is built to support applications (video and voice) requiring priority treatment and a high level of performance, and 6) provides reliability, performance, and flexibility without dramatic affects on budgets. As will be noted later, the sustainability of this project will depend directly on the program applications. During the first year, we will employ telemedicine and telehealth to sites wishing to participate in the UMMC program. In addition, we will

provide a hyperlink to the UMMC knowledge base for all participants in the project. In addition to the above, through IQH, we will create a Community of Practice Support Network (COPSN) for providers and educational initiatives for consumers. During this time period and into the next year we will begin implementing electronic health records across the network and employ a syndromic surveillance Bayesian modeling system (as noted later).

By successfully connecting the network of providers from geographically isolated areas and from a broad continuum of care providers, we will be able to meet President Bush's mandate to electronically connect health care providers in a meaningful way.

### **Why Mississippi?**

Data from the 2004 American Community Survey indicates that approximately 77 percent of individuals aged 25 years and older have completed high school (including equivalency), and only 19 percent of individuals aged 25 years and older have completed a bachelor's degree. National averages are higher; 84 percent of all Americans have attained a high school education, while 27 percent have obtained a bachelor's degree. Poverty in Mississippi continues to be a chronic problem. The per capita income in 2000 was \$15,853, compared to \$21,587 nationally. The median household income in 2003 was \$32,397 compared to \$43,318 nationally. Issaquena County is often cited as the poorest county in America with an average per capita income of \$11,860.00. Twenty three percent of the entire Mississippi population lives under 100 percent of the Federal Poverty Level. Fifty four percent of the population lives under 200 percent or greater of the Federal Poverty Level.

Approximately one-half million citizens (18 percent of the total population) in Mississippi do not have health insurance. Employers provide private health insurance to only 1.3 million residents, which comprise 47 percent of the total population. Medicaid provides coverage to 19 percent of the total population, while Medicare provides health insurance to 11 percent of the total population in Mississippi.

According to the America's Health Rankings™ 2005, the state of Mississippi ranks 50<sup>th</sup> among all states in terms of health status (as categorized by the United Health Foundation), down from 49<sup>th</sup> in the 2004 edition. Mississippi has ranked in the lowest three states since the 1990 edition. The state ranks well in access to prenatal care and immunization coverage. The state also spends \$197 per person on public health that is the 11<sup>th</sup> highest in the United States. However, Mississippi ranks in the lowest five states in nine of the 18 measures that the United Health Foundation tracks, with high rates of premature death, infant mortality, total mortality and cardiovascular death. Mississippi also has an alarmingly high percentage of children in poverty, high prevalence of obesity, high rates of motor vehicle deaths, high occupational fatalities rate, and a high number of limited activity days. In short, Mississippi is an unhealthy state.

With these statistics as the state's healthcare backdrop, unequal access to care is a critical concern in Mississippi. Although Mississippi is close to the national average in the number of primary care physicians (one for every 1,488 citizens as compared to the



national average of one for every 1,429 potential patients), the distribution of physicians through out the state is severely uneven. Data show that 56% of all Mississippi physicians are located in four urban areas: Jackson, Tupelo, Gulf Coast, and the Mississippi corridor to Memphis. Jackson, alone, hosts 28% of the state's doctors. Only 31 of Mississippi's 82 counties have enough doctors, and only 11 counties meet COGME standards for adequate care by primary care physicians. Two counties (Benton and Issaquena) had no primary care physicians at the time of the Mississippi Health Policy Research Center survey in 2003. In Mississippi only 11 of 82 counties did not have physician shortages; 54 counties were designated as HPSA counties, and only 12% of doctors practiced in the Delta region. The state's HPSA counties include 42% of the state's population as compared to the national average of 20% of the population living in HPSA counties. Similar patterns exist for other healthcare professionals such as nurses, allied health professionals, and dentists. The maps shown on the ensuing page visually depict these patterns for federally designated HPSA areas by primary care, dental, and mental health.

### **Governor's Executive Order**

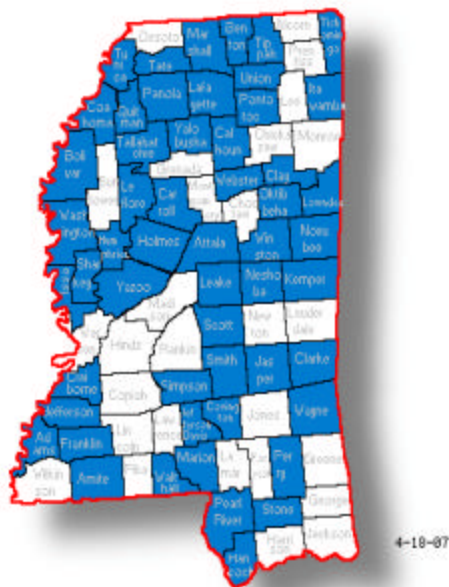
On March 7, 2007, Governor Haley Barbour issues an Executive Order to create the Health Information Technology Infrastructure Taskforce. Three members of that taskforce, Drs. Jones and Rudman, and the Director of Information Technology Services (ITS), David Litchliter are integral parts of this grant proposal. The taskforce was commissioned to assess the HIT infrastructure of the state, make recommendations and begin developing a statewide HIT infrastructure. If this proposal is funded, we will be able to create the blueprint on which the statewide HIT infrastructure may be built. We can not over emphasize the importance of this funding in helping the state of Mississippi to develop a statewide HIT infrastructure that will connect geographically isolated areas in order to provide more efficient, effective, and timely care. (A copy is shown in the Appendix).

### **The Role of ITS**

Information Technology Services' Gary Rawson and Jimmy Webster will play an integral part in the success of this pilot project. Both will participate in the needs assessment, evaluation, and rollout of the network. ITS will manage the MPLS system as part of the state initiative for HIT infrastructure. Mississippi has been very successful with the FCC e-rate program. ITS e-rate program is utilized for schools and libraries in the state and will continue to supply e-rate in conjunction with the health programs.

## Mississippi Health Providers Shortage Areas – Single Counties

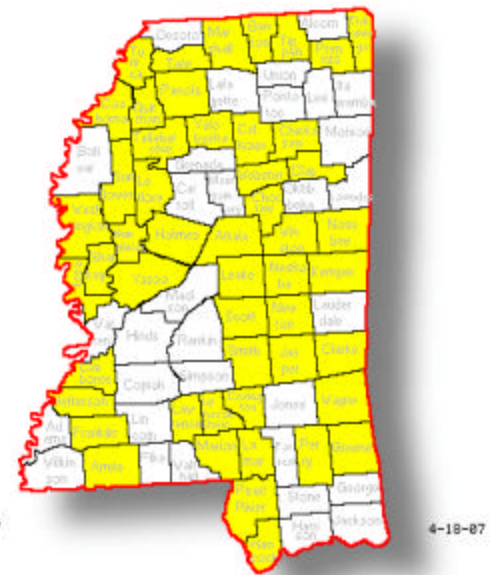
Dental



Mental Health



Primary Medical Care



Data source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>  
Maps created on: <http://monarch.tamu.edu/~maps2/newmaps/ms.htm>

## Mississippi HIT

In a 2006 study on HIT adoption in the state of Mississippi, IQH estimated that 10 percent of rural hospitals had adopted some form of an electronic information system. Nine of 82 hospitals statewide had adopted bar-coding technology, 22 had adopted teleradiology, and four utilized telemedicine. Additionally, one hospital in the state had adopted a CPOE system, although several hospitals indicated that they were thinking about adopting a CPOE system within the next two years. Based on interviews conducted by IQH with various payor stakeholders in the state, no payors had made commitments to partially fund HIT adoption or implementation at this time. The Mississippi State Medical Association, at the time of the release of the IQH Environmental Scan, did not have information regarding the penetration of HIT in physicians' practices. The e-health initiative identified only 29 independent pockets of HIT activity in the state of Mississippi. However, this study found that none of the 29 projects were integrated across independent provider systems.

In November 2005, IQH and several partners conducted a survey of physicians to assess the degree of utilization of HIT within the state. Selected results from the 149 respondents are highlighted below:

- 23 percent of practices have an electronic health or medical record
- 58 percent of those who do not currently have an electronic health or medical record plan on implementing one
- 49 percent of these respondents indicated they will adopt such a system within two years, while 51 percent were unsure
- 52 percent of physician practices responded that a lack of capital resources to invest in an EHR makes implementation extremely difficult
- 24 percent of respondents indicated that they have insufficient time to select, contract, install and implement an EHR which makes implementation extremely difficult
- 29 percent of respondents indicated that the inability to easily input historic medical history into an EHR system makes implementation extremely difficult
- 24 percent of respondents cited a potential loss of productivity during the implementation phase as a barrier

In Mississippi, both the e-health initiative and HISPC Variations report expanded upon barriers to HIT adoption. From these two reports, seven general barriers were identified: lack of a centralized authority to oversee the implementation of an integrated, interoperable information network; lack of resources (trained personnel and cost of the initial investment and maintenance of technology); lack of standardized policies and procedures across healthcare organizations and providers, which lead to variations in business practices associated in the transfer of health information; lack of a standardized nomenclature, software and taxonomy between healthcare organizations (forms and

format of information, data standards, terminology and exchange protocols); lack of knowledge of state and federal laws among direct care health providers; lack of state laws governing maintenance, access and transmission of electronic health information ( the HISPC Legal Working Group did not find any Mississippi laws that addressed electronic authorization to release PHI and authentication of the recipient); and lack of a secure integrated network/system connecting healthcare organizations and healthcare providers (interoperable framework).

Findings from both reports noted that the creation of a statewide information infrastructure should be the first step in providing broad based HIT integration within the state. The lack of an interoperable information infrastructure may lead to delays in the transmission of healthcare data, security breaches, and violation of state and federal laws (HISPC Variations Report, 2007). Creating a blueprint for a statewide infrastructure is essential in Mississippi's effort to provide quality care to rural areas within the state.

## **Experience in Developing and Managing TelEmergency Programs**

Telemedicine (TM) offers promise for improving the quality of care in rural areas but previous models were not well designed to provide affordable care to unstable or potentially unstable patients. Previous models relied on physician to physician consultation, usually required the presence of a sub-specialist to provide the consultation and in EM lacked CPT codes for TM providers to bill for their services. The TelEmergency (TE) program was developed to overcome these limitations by providing quality, affordable medical care to patients in rural emergency departments (REDs) utilizing specially trained NPs linked in real-time via TM with their collaborating physicians at the University of Mississippi Medical Center Adult Emergency Department (UMCAED). The current network is connected on a frame relay network employing T1 1.5 Mb bandwidth lines. Between October 2003 and October 2006 the TE program has evaluated approximately 40,000 patients in rural emergency departments in Mississippi. Of particular interest, the TelEmergency Program has developed a rural bio-terror surveillance network, allowing the Health Department investigative capabilities of emergency patients throughout the state.

### Nurse Practitioners

In the TE model, NPs and collaborating TE physicians manage ED patients at multiple geographically distant sites. NPs were chosen rather than Physician Assistants (PAs) or other mid-level practitioners due to the availability of NPs as well as hospitals' and patients' familiarity with NPs in our state. With the cooperation of the Mississippi State Board of Medical Licensure and the Mississippi Board of Nursing, a waiver was obtained which allowed NPs who participated in the pilot program to collaborate with physicians who were more than 15 miles away using a telemedicine link.

The NPs recruited for the TE program were required to have specific qualifications. These qualifications include: 1) a master's degree in nursing from an accredited institution (NLN or CCNE), 2) certification as a Family NP with a current unrestricted license (RN and NP) to practice in the United States and eligibility for licensure in Mississippi, 3) current Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) and 4) completion of the Mississippi Nurse's Association Controlled Substance Workshop. Preference was given to NPs who had completed one year of clinical experience as an NP and those who held a second certification as an Acute Care NP. If the NP was not dually certified, registration into an Acute Care NP Post Master's program was recommended.

An educational program was designed specifically for the TE nurse practitioners. It consists of approximately 40 hours of continuing medical education on topics felt to be critical to the evaluation, diagnosis and treatment of ED patients, combined with clinical and procedural training. A list of the lecture topics is given in Table1. The NPs are required to complete four exams based on the lectures and case presentations from a required text prior to completion of their clinical rotation.

**Table 1: TE Didactic Lecture Series**

Approach to the ED patient	Chest pain	Syncope	Hypertensive Emergencies	ACS
EKG Interpretation	C-spine trauma	Head trauma	Abdominal and blunt trauma	Penetrating trauma
Extremity trauma	Open injuries to the hand	Antiarrhythmics	ACLS drugs	Fibrinolytics
Intubation drugs	Stroke	Acute dyspnea	OB Emergencies	Acute abdominal pain
Acute GI bleeding	Adult febrile patients	Pediatric febrile patients	Telemedicine equipment	Acute Complications of Diabetes
Anaphylaxis	ATLS	Advanced airway management	Headache	Controlled substances
Seizures	Wheezing	Altered mental status	The poisoned patient	The swollen and painful joint
Electronic Medical Record Keeping				

The clinical training consists of clinical hours in the UMMCAED and various skill labs, including a cadaver lab. The clinical hours vary from a minimum of 135 hours to approximately 200 clinical hours and must include at least 100 patient encounters under the supervision of attending EM physicians at UMCAED. At the end of the clinical and skill lab rotation, NPs are required to document the patient log as well as the procedure log shown in Table 2.

**Table 2: NP Procedural Requirements**

<ul style="list-style-type: none"> <li>• Arterial Blood Sampling (3)</li> <li>• Defibrillation/Cardioversion (2)</li> <li>• Needle Decompression (1)</li> <li>• Venous Access – Femoral (3)</li> <li>• Venous Access – EJ (1)</li> <li>• Dislocation Reduction (1)</li> <li>• Closed Fracture Splinting (1)</li> <li>• Intubations – Adult (5)</li> <li>• Intubations – Pediatric (5)</li> <li>• Laceration Repair (3)</li> <li>• Adult Medical Resuscitation (3)</li> <li>• Adult Trauma Resuscitation (3)</li> </ul>
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All NPs must obtain a DEA certificate and meet privileges and credentialing requirements at the hospitals in which they were to be employed. In addition, NPs are required to meet Continuing Education (CE) requirements, including attending quarterly Performance Improvement (PI) and educational “Update” conferences, and to document

the performance of a requisite number of selected clinical procedures to continue to remain active in the TE program.

Of the 34 NPs who have completed the requisite training, 27 have maintained the required CE and procedural documentation. Of this 27, a total of 23 are actively participating in the TE program at site hospitals; showing an ongoing retention rate of 68% over the past 28 months.

### Collaborating Physicians

The TE program is an extension of UMMCAED and all Collaborating Physicians (CPs) are either faculty or senior residents at UMMCAED. UMMCAED is an urban teaching emergency department with an annual census of approximately 65,000 visits. Dedicated CP coverage for the TE program is provided 16 hours a day. Fifty percent of the dedicated CP coverage is provided by UMMCAED attending physicians and 50% by senior (PGY3 or PGY4) emergency medicine residents with attending physician backup. PGY3 and PGY4 residents participate in TE rotations of four and six weeks, respectively, as part of their residency training, while EM faculty members cover on average 2 TE shifts per month. Prior to covering any TE shifts, all CPs undergo an orientation session that familiarizes them with the use of the TE cameras and monitors as well as the specific capacities and limitations of the participating hospitals and EDs.

TE coverage consists of two eight-hour shifts, between 10AM to 2AM. Between the hours of 2AM and 10AM a senior emergency medicine resident or faculty member, who also has clinical responsibilities in the ED, provides coverage as TE hourly census decreases considerably.

CPs also perform PI reviews on selected patient charts during their TE shifts. This ensures familiarity with problem or potential problem cases and provides the CPs with an understanding of the overall TE system.

### Reimbursement

A major barrier to effective TM services in emergency medicine has been reimbursement. No federal Medicare reimbursement for TM services existed until 1997. The Balanced Budget Act of 1997 directed The Health Care Financing Administration (HCFA) to make part B payments for professional consultations via TM, but these rules were so restrictive that from April 1999 through December 2000 HCFA paid only 235 total telemedicine claims.

In 2001, Medicare expanded payment for TM services following the passage of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000. Among other things, this act created CPT codes for office or outpatient visits, psychotherapy and pharmacologic management, allowing for payment to a provider who furnishes TM services at a distant site at the same rate that would have been paid if the service had been furnished without the use of a telecommunications system. It expanded the areas covered, and removed the requirement for the practitioner requesting TM service to be present. While this act expands reimbursement for TM services, it does not

provide CPT codes for emergency department services. This lack of reimbursement was a major barrier in the creation of our TE system.

Because of the lack of CPT codes for ED services, our TE system was constructed to be reimbursed in a manner that to our knowledge is unique in Telemedicine. We allow the Participating Hospital (PH) to bill for the medical care provided by the NP using existing ED CPT codes. Then, the PH pays the TE system at a set hourly rate for providing ED coverage. This rate, while greater than what is standard for NPs in our area is less than the cost of staffing with on-site physicians. In our area we estimated the cost of providing 24-hour physician coverage in an ED through a physician staffing service to be approximately \$70,000 per month. To provide a similar coverage using only NPs who do not participate in the TE program is estimated at \$42,500 per month. The TE system would provide 24 hour ED coverage with a nurse practitioner with real-time telemedicine backup for approximately \$51,000 per month. We feel that system allows for PHs to provide a level of ED care that is similar to that provided by physician staffing services while still realizing a significant cost savings.

#### Participating Hospitals and Emergency Departments

The characteristics of the communities served by the Participating Hospitals (PHs) in the TE program are listed in Table 3. Of note, all PHs are located in rural communities that range in population from 519 to 6,415 while the population of their home counties ranges from 8,488 to 38,041. The hospitals are on average 93 miles from UMMC with a range of 39 to 183 miles. Hospital characteristics are given in Table 4.

**Table 3: Hospital Characteristics**

Hospital Name	Hospital Site	Town Population *	County Population *	Distance from UMC	UMC Primary Referral Center?
Pioneer Community Hospital of Aberdeen	Aberdeen	6,415	38,041	183 miles	No
Humphries Co. Hospital	Belzoni	2,663	11,206	76 miles	No
UMC Lexington	Lexington	2,025	21,609	60 miles	Yes
Quitman Co. Hospital	Marks	1,551	10,177	167miles	No
Franklin Co. Hospital	Meadville	519	8,488	89 miles	No
Scott Regional Hospital	Morton	3,482	28,423	39 miles	Yes
Claiborne Co. Hospital	Port Gibson	1,840	11,831	77 miles	Yes
Prentiss Co. Regional Hospital	Prentiss	1,158	13,962	62miles	No
Perry Co. Hospital	Richton	1,083	12,236	114 miles	No
Lawrence Co Hospital	Monticello	1,726	13258	66miles	Yes

\*Source: US Census Bureau 2000

In the PHs, there is also variability in the EDs staffed by TE. This information is given in Table 4. The EDs served by TE range from 2 to 6 beds with an average of 3.6. The average yearly ED census ranges from approximately 3000 to 9500 with a mean of 5500. The total yearly census of the combined ten hospitals is approximately 50,000. No PH uses TE exclusively for ED coverage; rather it is used to complement their existing physician coverage. On average the EDs utilize TE for 281 hours a month, with a range



from 71 to 505 hours per month. Ten of the eleven hospitals that have participated during the TE project remain involved in the program.

**Table 4. Hospital Characteristics**

Hospital Name	Begin Date	End Date	Total Yearly ED Census	ED Beds	TE Cameras	Avg hours per mo.	Avg pts per 12° shift	Total 12° shifts	Total TE pts
Pioneer Community Hospital - Aberdeen	5/1/2005	n/a	3700	2	1	71.9	5.8	40.5	234
Humphreys County Memorial Hospital	10/1/2003	n/a	5600	4	3	321.0	4.1	702.3	2900
University Hospitals and Clinics - Holmes Co.	10/1/2003	n/a	n/a	6	4	216.8	6.8	452.7	3084
Magee General Hospital	3/1/2004	1/31/2005	7500	5	1	165.1	13.1	151.4	1976
Quitman County Hospital	10/1/2003	n/a	n/a	3	2	166.6	4.3	329.3	1403
Franklin County Memorial Hospital	6/1/2005	n/a	7800	2	1	90.3	8.1	36.0	292
Lawrence County Hospital	8/1/2004	n/a	n/a	3	2	505.6	9.9	633.3	6266
Scott Regional Hospital	12/1/2003	n/a	n/a	4	3	117.7	12.9	222.1	2869
Claiborne County Hospital	10/1/2003	n/a	n/a	3	2	268.3	5.2	580.8	3036
Jefferson Davis Community Hospital	1/1/2005	n/a	8400	2	1	301.3	7.8	233.0	1818
Perry County Hospital	10/1/2003	n/a	n/a	3	2	281.1	4.6	610.4	2819
Total				37	22	2505.6	82.6	3991.7	26697
Average				3.4	2	227.7	7.5	362.8	2427

### Patient Evaluation Protocols

Initially, all patients were required to be seen and evaluated by both a NP and a CP but this was unwieldy in the evaluation of non-urgent patients and increased the wait time for minor complaints. A set of protocols was created to identify patients who the NPs could assess and treat primarily as well as patients requiring immediate consultation and transfer. These criteria are listed in Table 5a, Table 5b, and Table 5c.

Patients are divided into three categories: Category 1 patients who may be seen by the NP alone, Category 2 patients who are seen in conjunction with the CP in a non-urgent time frame, and Category 3 patients who mandate immediate consultation with the CP and for whom expedited transfer to a facility offering a higher level of care is recommended. These categories were created using input from both NPs and CPs in our system and are felt to be a reasonable compromise between NP autonomy and CP oversight. The patients who are classified as Category 1 are similar to those who are seen independently

by NPs in the Fast Track at UMMC/CAED. These Categories are meant to be used only as guidelines, and NPs are encouraged to involve the CP in the care of any and all patients if there is any uncertainty as to the most appropriate means of diagnosis and treatment.

<p><b>Table 5a. Category I</b> (consult not required)</p> <p>Patients with the following complaints meet Category I criteria and can be evaluated, treated and referred by the NP without required consultation with UMC:</p> <ul style="list-style-type: none"> <li>• Abdominal pain- stable vitals, no significant PE findings, age &lt;50 years</li> <li>• Allergic reactions not associated with shortness of breath, wheezing or hypotension</li> <li>• Animal bites- not involving the hand or face</li> <li>• Cerumen removal</li> <li>• Chronic peripheral vascular disease</li> <li>• Conjunctivitis</li> <li>• Constipation/diarrhea</li> <li>• Contact Dermatitis</li> <li>• Dental Pain</li> <li>• Dizziness- vital signs stable, no significant PE findings, age &lt; 50 years</li> <li>• Fatigue without associated symptoms</li> <li>• Follow up wound check, cast check or suture removal</li> <li>• Foreign body removal (uncomplicated and not involving the eye)</li> <li>• Gastritis- suspected food poisoning, no associated dehydration with limited duration</li> <li>• Gynecological disorders- vaginitis, insignificant abnormalities in menstruation, cramps</li> <li>• Hemorrhoids</li> <li>• Hypertension that is asymptomatic and accompanied by a diastolic pressure of &lt; 120 mm Hg</li> <li>• Incision and drainage of simple abscess- not involving rectal area</li> <li>• IV hydration/antibiotics &gt; 8 yrs old</li> <li>• Low back pain that is chronic and not associated with neurological findings</li> <li>• Migraines- pt states typical migraine, no new features, stable vital signs, afebrile, no significant PE findings, no trauma</li> <li>• Minor burns</li> <li>• Minor eye injury- corneal abrasion</li> <li>• Minor lacerations or abrasions</li> <li>• Nausea/Vomiting</li> <li>• Otitis media, otitis externa, ear pain &gt; 3 months old</li> <li>• Pharyngitis -no sign of abscess or airway compromise</li> <li>• Pregnancy without bleeding, pain</li> <li>• Prescription refills- non narcotic or controlled substance until next business day</li> <li>• Puncture wounds not requiring exploration</li> <li>• Sexually transmitted diseases excluding PID</li> <li>• Skin rashes, pruritis</li> <li>• Sprains/Strains</li> <li>• Swollen lymph nodes</li> <li>• Uncomplicated hepatitis or exposure to hepatitis</li> <li>• Upper respiratory infection, congestion, cough, flu</li> <li>• Urinary tract infections- &gt; 6 months old</li> <li>• Work releases</li> <li>• Wound care</li> </ul> <p>Any of the above listed conditions with the presence of a complex medical history or at the discretion of the NP may require consultation with UMC.</p> <p>If the NP consults with UMC via telemedicine, proper notation should be documented in the patient's medical record stating the consult was made, name of the physician and their recommendations.</p>
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**Table 5bCategory II** (consult required)

Patients presenting to the EDs with the following complaints require consultation with the UMC Emergency Department Physicians via Telemedicine:

- Abdominal pain- all patients with acute pain or >50 yrs old
- Abnormal vitals signs; SBP <100 or >180, HR <50 or >110, RR >24, Fever >101.5
- Age <1 or >75 (all patients!)
- Alcohol or drug withdrawals
- Allergic reaction with shortness of breath, wheezing, or hypotension
- Arrhythmias
- Bleeding- significant bleeding from any orifice
- Burns- any third degree; second degree of more than 10% TBS; burns of the face, hands, feet, perineum; electrical injury; inhalation injury
- Chest pain- all patients
- Coma or change in mental status
- Complicated lacerations
- Drug overdose
- Fever < 6 months old
- Fever and toxic appearance or of unknown origin < 1 yr old
- Foreign body of the eye
- Fractures with vascular impairment or displacement
- Head trauma
- Headache- associated with neurologic findings, fever or meningeal signs
- Heat illnesses- hyperthermia- temp >40.5C or hypothermia- temp <35 C
- Hypertension- diastolic pressure of 120 mm Hg or greater with or without symptoms
- IV hydration/antibiotics in children <8 yrs old
- Neurological deficits
- Pain management- chronic, oncologic
- Patient with complex medical history
- PID
- Post op related problems
- Post partum pelvic pain
- Pregnancy complications (i.e. Abdominal pain, bleeding, fever)
- Psychiatric patients with abnormal findings
- Puncture wounds requiring exploration
- Seizures
- Shock
- Shortness of breath
- Sick cell crisis
- Testicular pain
- Upper abdominal pain not clearly of GI origin (possible cardiac)
- UTI/dysuria/hematuria in children < 4 months old
- Vaginal bleeding- saturation of full size pad 1 or more per 2 hr

Any patient that the NP is concerned about regardless of its presence on this list requires consultation with UMC via telemedicine.

Any patient with the following test or laboratory ordered requires consultation with UMC via telemedicine: EKG, CT scan ,Cardiac enzymes, Lumbar puncture, (if in the NP's scope of practice,) C-spine x-rays

**Table 5c. Category III** (consult required and possible transfer)

Patients with the following complaints meet Category III criteria and require emergency consult for stabilization and transfer.

The NPs will consult with UMC emergency physician on all patients presenting with the following conditions:

- Acute Head Injury
- Advanced airway management- intubation
- All resuscitations
- Burn management
- Dizziness with unstable vital signs
- Multi system trauma evaluation and resuscitation
- Serious or complex medical emergencies
- Shock of any etiology

Transfer of these patients should not be delayed due to the telemedicine consult but should be utilized through the stabilization of these patients. Definitive management of these patients should not occur in the outlying emergency departments.

Referral should be made to the closest appropriate facility able to provide the services needed.

The UMC Helicopter transport service (AirCare) can be utilized as deemed appropriate by the UMC TelEmergency physician on duty.

**Patient Characteristics**

Between October 2003 and October 2006, the TE program has grown from an initial four hospitals to a total of ten. During that time period the TE program has evaluated over 40,000 patients. Details of these patients are given in Table 6 while their diagnoses are given in Table 7. Approximately two-fifths (40.5%) of all patients were evaluated collaboratively by both NPs and CPs, while 59.6% were seen independently by NPs.

Overall our patient population demonstrated a slight female predominance (54.8% female to 45.2% male). A majority (62.3%) of our patients were African American while 37% were Caucasian and <1% were of other ethnicity. The average age of the patients was 58 years with a range from 0 months to 111 years. Pediatric patients (under 16) comprised 23% of the patients while 18% of patients were 65 years of age or older, with 11% being over the age of 75. The majority of patients (62%) were discharged directly from the ED at the TE participating site, compared to 18% who were admitted to the PH, and 18% who were transferred to other hospitals including 7% to UMC. A small number of patients (0.05%) left prior to being seen, while 1% left against medical advice, and 0.6% expired while in the TE site ED.

**Table 6a Patient Characteristics**

**Dispositions**

Admitted	18.2%
Discharged	62.1%
LBBS	0.05%
Left AMA	0.9%
Expired in ED	0.65%
Burn center	0.03%
Transferred	18.3%
Transferred to UMC	5.9%

**Consults**

NP and CP	40.5%
NP only	59.5%

**Gender**

Male	45.2%
Female	54.8%

**Race**

African American	62.32%
White	36.98%
Hispanic	0.66%
Native American	0.04%

**Table 6b. Patient Characteristics**

	% Admit	% Discharged	%Transfer	%Total
	18%	65%	17%	
Mean Age	55.94	30.24	43.53	37.1
<1 year	12%	69%	19%	1.8%
<36 months	10%	81%	9%	11%
<16 year	7%	82%	10%	24.3%
16-64	48%	60%	61%	58%
65 and Older	43%	35%	22%	18%
>75	46%	33%	21%	10.0%

The most common complaints (12.4%) were musculoskeletal in nature followed by abdominal pain/nausea and vomiting (11.7%), Chest Pain (10.7%) and Upper Respiratory Infection (9.9%). In patients admitted to PHs, the most common complaints were Chest Pain (34.2%) followed by Asthma/COPD (18.2%), Diabetes/General Medicine 15.4%, and abdominal pain/nausea and vomiting (10.7%). Upper respiratory infection and otitis media were complaints in over 54% of pediatric patients. Trauma represented a relatively small percentage of our patients (6.2%).

**Table 7. Ten most common patient complaint categories by age**

**All Patients**

Musculoskeletal	12.40%
Abdominal Pain/ Nausea Vomiting	11.75%
Chest pain	10.75%
Upper Respiratory Infection	9.94%
General Medical/ Diabetes	7.17%
Pulmonary/COPD/ Asthma	7.13%
Trauma	6.16%
Genitourinary/ Pregnancy	5.52%
Ear	4.30%
Headache	3.68%

**Admitted Patients**

Chest Pain	34.26%
Pulmonary/COPD/ Asthma	18.16%

General Medical/ Diabetes	15.37%
Abdominal Pain/ Nausea Vomiting	10.74%
Congestive Heart Failure	6.84%
Genitourinary/ Pregnancy	3.97%
Neurologic/ Stroke/ Altered Mental Status	3.09%
Musculoskeletal	2.79%
Ear	2.57%
Upper Respiratory Infection	2.21%

#### **Patients Under 1 year old**

Upper Respiratory Infection	40.28%
Ear	14.58%
Abdominal Pain/ Nausea Vomiting	13.19%
Pulmonary/COPD/ Asthma	10.42%
General Medical/ Diabetes/Electrolyte	9.03%
Genitourinary/ Pregnancy	4.86%
Dermatologic/Rash	3.47%
Throat	1.39%
Eye	1.39%
Trauma	1.39%

#### **Patients Over 75 years old**

Chest Pain	18.42%
General Medical/ Diabetes/Electrolyte	16.15%
Abdominal Pain/ Nausea Vomiting	14.02%
Musculoskeletal	13.35%
Pulmonary/COPD/ Asthma	11.48%
Congestive Heart Failure	6.81%
Neurologic/ Stroke/ Altered Mental Status	5.87%
Trauma	5.07%
Genitourinary/ Pregnancy	4.94%
Upper Respiratory Infection	3.87%

#### Performance Improvement

The overriding goal of the Performance Improvement (PI) program is to ensure that patients receive appropriate treatment in a timely fashion. If the program is unsuccessful in achieving that goal then all other measurements are meaningless. The TE program's PI director reviews all cases involving complications from treatment, adverse drug reactions, and patient deaths on a monthly basis. Trends of missed intubations, negative outcomes, investigation requests (by CPs) and other indicators of education or skill needs were also monitored on an ongoing basis by the PI director.

With the development of patient evaluation protocols it was felt that adherence to these protocols was an important outcome measurement. A randomized chart review of patients evaluated independently by the NPs has been instituted. Each quarter 40 cases seen independently by NPs are reviewed by CPs. These charts are evaluated for:

1. Adequate documentation appropriate for visit complaint
2. Documentation of vital signs

3. Appropriate treatment and documentation of patient response
4. Documentation sufficient to support final diagnosis
5. Appropriate referral and/follow-up plan
6. Documentation of patient education and outpatient instructions
7. Controlled substance usage

Reviewed charts are then returned to the NP for review with notations attached. Ongoing projects include chart reviews for patients with specific diagnosis such as acute coronary syndromes, major trauma and cardiac arrest.

#### Patient Satisfaction

In addition to ensuring quality patient care it was felt that it was important to ascertain patient satisfaction with their experience with the TE program. To measure patient satisfaction, telemedicine patients were periodically surveyed during their visit. These surveys were completed by the patient or family member and returned at the time of discharge. To date a total of 434 responses have been received representing 2% of TE patients.

In this survey overall patient satisfaction with the TE program was very high; with 93.6% of patients stated they were comfortable or very comfortable with the system. A high percentage (98.7%) stated they were able to communicate with the CP without difficulty. A majority (87.3%) felt their care was as good as or better than they would have received with an MD alone. Overall, 91.2% of patients stated they were more likely to come back to the rural ED because of TelEmergency, while 85.6% rated their overall care as good or excellent.

#### Hospital Administrator Satisfaction

Under the TE model we are contracted by the PHs to provide care for their patients who then charge the patient or any second party payers for the care we provided as contractors. Given the current financial climate, hospital administrators are interested in not only the quality of care and patient satisfaction but also financial issues. Therefore, a hospital administrator questionnaire was created that addressed these issues.

All administrators surveyed feel the level of care has improved or remained the same in the ED. Seven of eight administrators (87.5%) feel the TE program is cost equivalent or less expensive than their previous means of providing coverage for their EDs. The same proportion (87.5%) feels that ED volume and admissions from the ED have increased. To date seven of eight administrators surveyed have a favorable overall impression of the TE program.

A good indicator of PH satisfaction can also be deduced by the fact that seven of eight hospitals that have participated in the program for greater than one year have elected to continue participating in the system. To date we have only had one hospital that has withdrawn from the TE system.

## **Proposed Pilot Network**

Clearly, the FCC pilot program will enable us to lay the foundation for connectivity across the state of Mississippi. This connectivity will provide the healthcare infrastructure to do what we have not been able to do before, e.g. connect to one another. Our proposal is focused on upgrading the technical quality and bandwidth of our current telemedicine network, extending access of this network to geographically isolated rural providers, and expanding the continuum of care across a variety of healthcare providers

### **Listing of Healthcare Facilities Included in the Network**

#### **1. Rural Hospitals and Telemedicine Hospitals**

As proposed, twenty rural hospitals will be connected to the network through this pilot project. The project will upgrade the bandwidth of T1 lines in the current network from 1.5Mb to a bandwidth of 3.0Mb. Table 8 provides a listing of the current TE hospitals along with the rural hospitals participating in this pilot project.

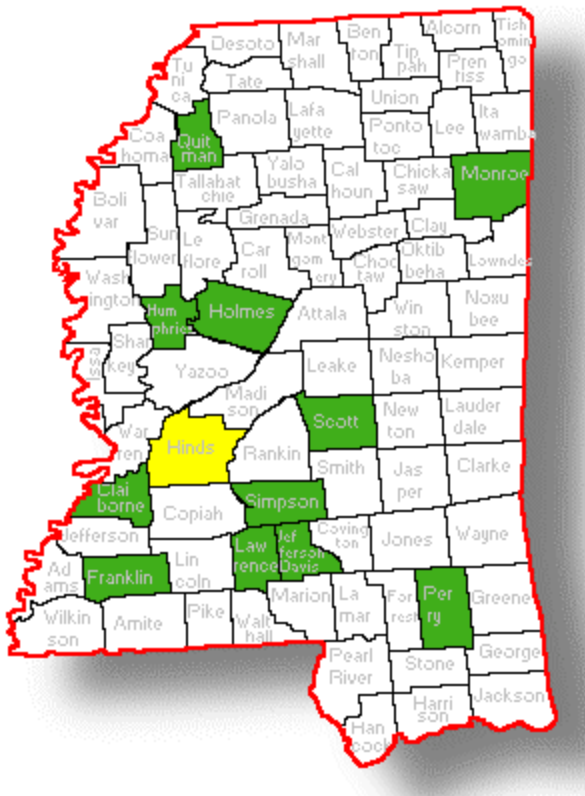


**Table 8. Rural Hospitals and Telemedicine Hospitals Participating in FCC Pilot Project**

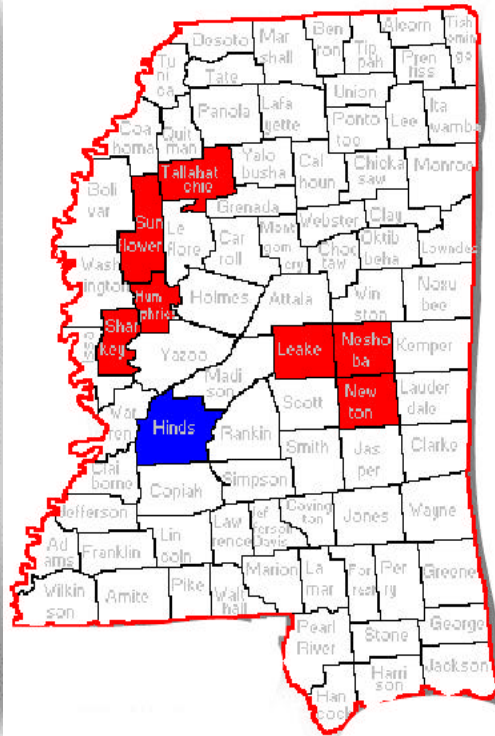
Network	Facility	Address	City	County	Zip	Phone	RUCA
Rural	Tallahatchie General Hospital	201 South Market Street	Charleston	Tallahatchie	38921	662-647-5535	7.4
Rural	North Sunflower County Hospital	840 North Oak Avenue	Ruleville	Sunflower	38771	662-756-2711	7.4
Rural	South Sunflower County Hospital	121 East Baker Street	Indianola	Sunflower	38751	662-887-5235	4
Rural	Humphreys County Memorial Hospital	500 C C Road	Belzoni	Humphreys	39038	662-247-3831	7
Rural	Sharkey-Issaquena Community Hospital	47 South 4th Street	Rolling Fork	Sharkey	39159	662-873-4395	10
Rural	Leake Memorial Hospital	310 Ellis Street	Carthage	Leake	39051	601-267-1432	8
Rural	Neshoba County General Hospital	1001 Holland Avenue	Philadelphia	Neshoba	39350	601-663-1200	9
Rural	Laird Hospital	25117 Highway 15	Union	Newton	39365	601-774-8214	10
Telemedicine	Claiborne County Hospital	123 McComb Avenue	Port Gibson	Claiborne	39150	601-437-5141	10.6
Telemedicine	Magee General Hospital	300 Southeast Third Avenue	Magee	Simpson	39111	601-849-5070	7.3
Telemedicine	Quitman County General Hospital	340 Getwell Drive	Marks	Quitman	38646	662-326-8031	10.5
Telemedicine	University Hospitals and Clinics	239 Bowling Green Rd	Lexington	Holmes	39095	662-834-5182	7
Telemedicine	Lawrence County Hospital	1065 East Broad Street	Monticello	Lawrence	39654	601-587-4051	10.5
Telemedicine	Pioneer Community Hospital	400 South Chestnut Street	Aberdeen	Monroe	39730	662-369-2455	7.4
Telemedicine	Humphreys County Memorial Hospital	500 C C Road	Belzoni	Humphreys	39038	662-247-3831	7
Telemedicine	Franklin County Memorial Hospital	40 Union Church Road	Meadville	Franklin	39653	601-384-5801	10.5
Telemedicine	Scott Regional Hospital	317 Highway 13 South	Morton	Scott	39117	601-732-6301	3
Telemedicine	Jefferson Davis Community Hospital	1102 Rose Street	Prentiss	Jefferson Davis	39474	601-792-4276	10
Telemedicine	Perry County Hospital	206 Bay St	Richton	Perry	39476	601-788-6316	10.1
Telemedicine	University of MS Medical Center	2500 N. State Street	Jackson	Hinds	39216	601-815-4057	1

A complete listing of the pilot network participating sites is shown with a RUCA in Appendix 5

The maps below show the geographic location of each of the participating hospitals and provide a graphic presentation of the breadth of coverage area proposed through the inclusion of these participating sites.



Telemedicine Hospitals



Rural Hospital Sites

Table 9 provides demographic information for the participating hospital coverage areas. As with the current TE hospitals, the additional hospital sites are located in rural, geographically isolated areas of the state and serve economically disadvantaged residents. Moreover, the proposed expansion of broadband connectivity for hospital partners within this FCC pilot program will extend access of the telehealth network to geographically isolated rural providers, and expand the continuum of care across a variety of healthcare provider settings.

**Table 9. Demographics Surrounding Participating Hospitals**

Hospital Name	Town Population*	County Population*	Per Capita Income	% Below Poverty
Pioneer Community Hospital of Aberdeen	6,415	38,041		
Humphreys Co. Hospital	2,663	11,206	\$17,422	38.2
UMC Lexington - Holmes	2,025	21,609	\$10,683	41.1
Quitman Co. Hospital	1,551	10,177	\$10,817	33.1
Franklin Co. Hospital	519	8,488	\$13,643	24.1
Scott Regional Hospital	3,482	28,423	\$14,013	20.7
Claiborne Co. Hospital	1,840	11,831	\$11,244	32.4
Prentiss Co. Regional Hospital	1,158	13,962	\$14,131	16.5
Perry Co. Hospital	1,083	12,236	\$12,837	22
Lawrence Co Hospital	1,726	13,258	\$14,469	19.6
Tallahatchie General Hospital	2,198	14,903	\$17,185	32.2
North Sunflower County Hospital	3,234	34,369	\$15,537	30
South Sunflower County Hospital	12,066	34,369	\$15,537	30
Sharkey-Issaquena Community Hospital	2,486	6,540	\$16,082	38.3
Leake Memorial Hospital	4,637	20,940	\$19,933	23.2
Laird Hospital	2,021	21,838	\$14,008	19.9
Claiborne County Hospital	1,840	11,831	\$11,244	32.2
Magee General Hospital	5,019	27,639	\$13,344	21.6
Neshoba County General Hospital	7,303	28,684	\$23,921	21
University of Mississippi Medical Center - Hinds	184,256	250,800	\$17,785	19.9

## **2. Community Health Centers (CHC)**

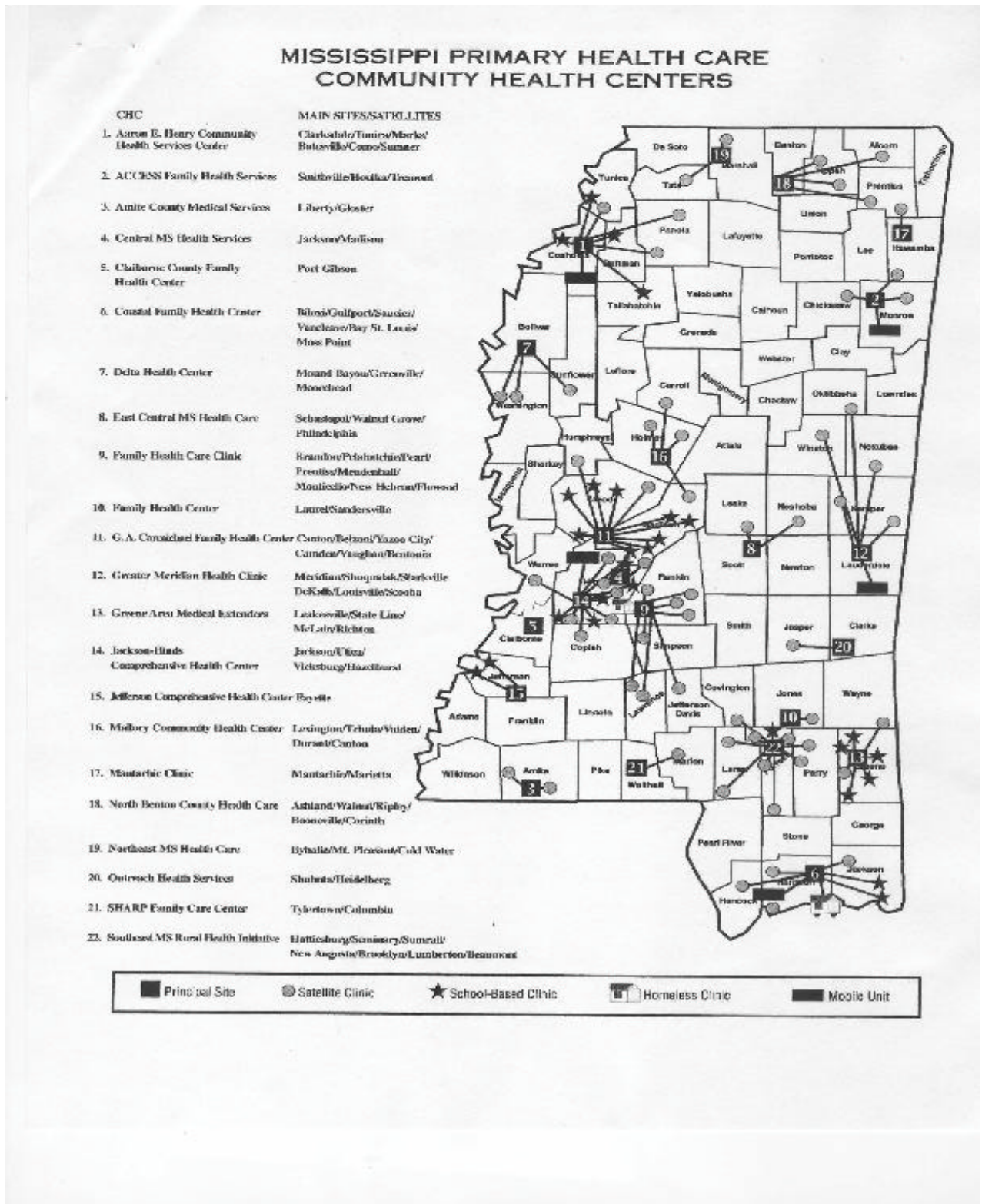
Traditionally, CHCs have a broad “public health” perspective providing a healthcare home for all residents of underserved communities. CHCs, which are owned by their communities through volunteer governing boards, function as non-profit businesses under the direction of professional managers. The CHCs purchase goods and services, provide employment, and make an economic impact within their communities.

Mississippi’s CHCs have seen a 107% increase in the number of patients seen from 150,210 in 1990 to 310,807 in 2004 (44.1% of which were uninsured). The increase in the number of families living in poverty, without health insurance, and the number of elderly Mississippians unable to afford the high cost of medical care have made these Centers even more necessary and valuable assets to the communities they are serving.

The names of the CHCs are shown on the map below. The CHCs are located in both urban and rural areas of Mississippi. Currently, there are 22 CHCs with 128 sites including more than 100 primary care delivery sites. Health services are also provided via school-based clinics and mobile units staffed by CHC employees. Board certified/eligible physicians and dentists, nurse practitioners, nurses, social workers, and other auxiliary providers staff CHCs. The centers provide comprehensive primary and preventive health services, including medicine, dentistry, radiology, pharmacy, nutrition, health education, social services, and transportation.

The 22 Community Health Centers in the State and other community-based healthcare providers in the state are represented by a membership organization, the Mississippi Primary Healthcare Association, Inc. (MPHCA). MPHCA is a non-profit 501 (c) (6) organization representing the interests of its members in statewide efforts to improve access to healthcare for the medically underserved and indigent population of Mississippi (See Letter of Support in Appendix 1)

## Map of Community Health Centers and Satellite Clinics



### **3. Mississippi Department of Mental Health Comprehensive Community Mental Health Centers**

The Department of Mental Health is governed by the Mississippi State Board of Mental Health, whose nine members are appointed by the Governor of Mississippi and confirmed by the State Senate. Members' terms are staggered to ensure continuity of quality care and professional oversight of services. By statute, the nine-member board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and one citizen representative from each of Mississippi's congressional districts as they existed in 1974.

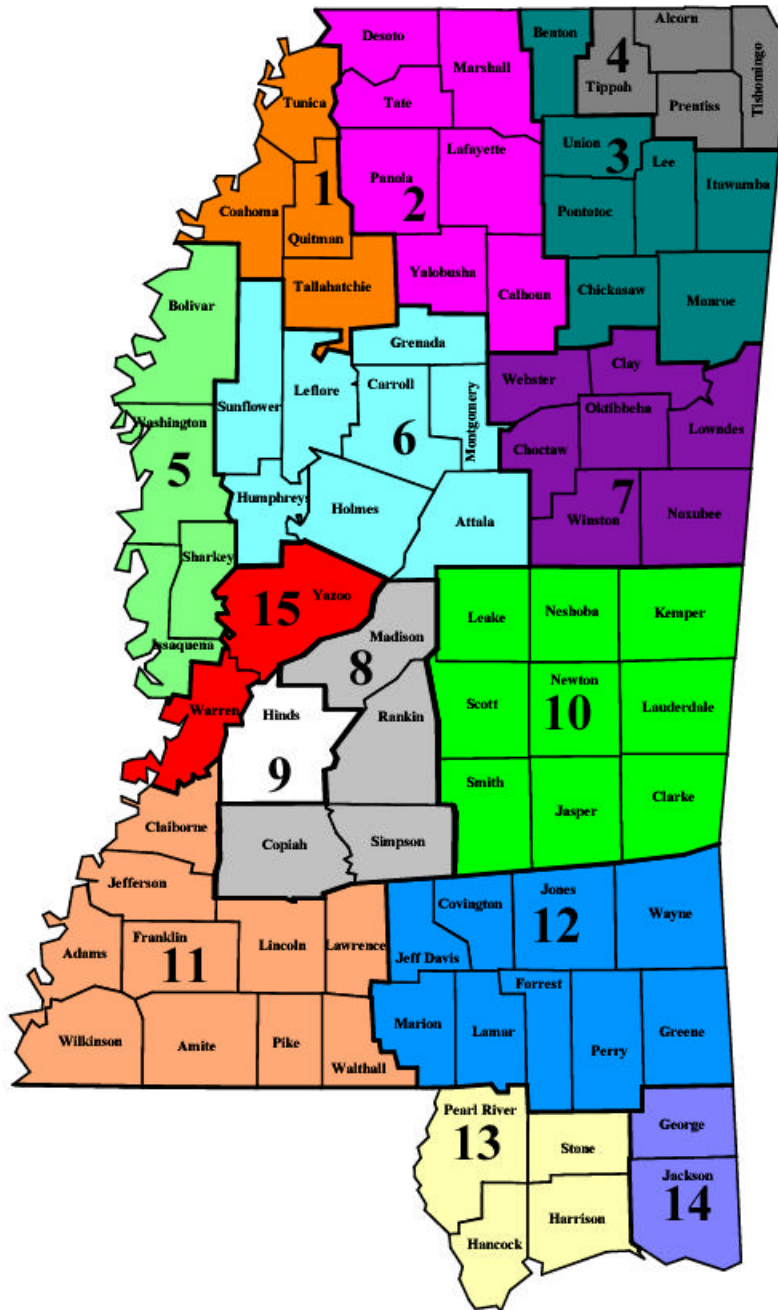
Since its inception in 1974, the MS Department of Mental Health has endeavored to provide services of the highest quality through a statewide service delivery system. As one of the major state agencies in Mississippi, the DMH provides services to persons who experience problems with mental illness, alcohol and/or drug abuse/dependence, or who have mental retardation or developmental disabilities. Services are provided through an array of facilities and agencies operated and/or funded by the DMH. The Department of Mental Health is organized into three bureaus: the Bureau of Administration, the Bureau of Mental Health and the Bureau of Mental Retardation. Bureau Chiefs report directly to the Executive Director of the Department.

The Central Office of the Department of Mental Health is located at the Robert E. Lee Building in downtown Jackson, Mississippi. Although the Department of Mental Health employs approximately 9000 personnel throughout the state, the Central Office is only comprised of about 90 employees, reflecting a generally decentralized organizational process. The Executive Director of the Department is responsible for all administrative functions and implements policies established by the Mississippi State Board of Mental Health. Mr. Edwin C. LeGrand, III is currently the Executive Director of the Department of Mental Health. (*See Letter of Support in Appendix I*)

The Mississippi Department of Mental Health provides 15 mental health regions within the state. As shown on the ensuing map, mental health regions may include as many as eleven counties (Region 11) to as few as one county (Region 9). As proposed, 28 facilities operated through the Mississippi Department of Mental Health will participate in the pilot network (See Mental Health Center map on next page). ( See letter of support in the Appendix).

Current connectivity for the Mental Health facilities consists of a range of capacity from 64K to 6Mb to support their existing applications. The pilot sites will be upgraded in capacity and will be provisioned with quality of service parameters to support the proposed applications (i.e. video, imaging, etc.) on the health information network.

## Community Mental Health/Mental Retardation Center Service Areas



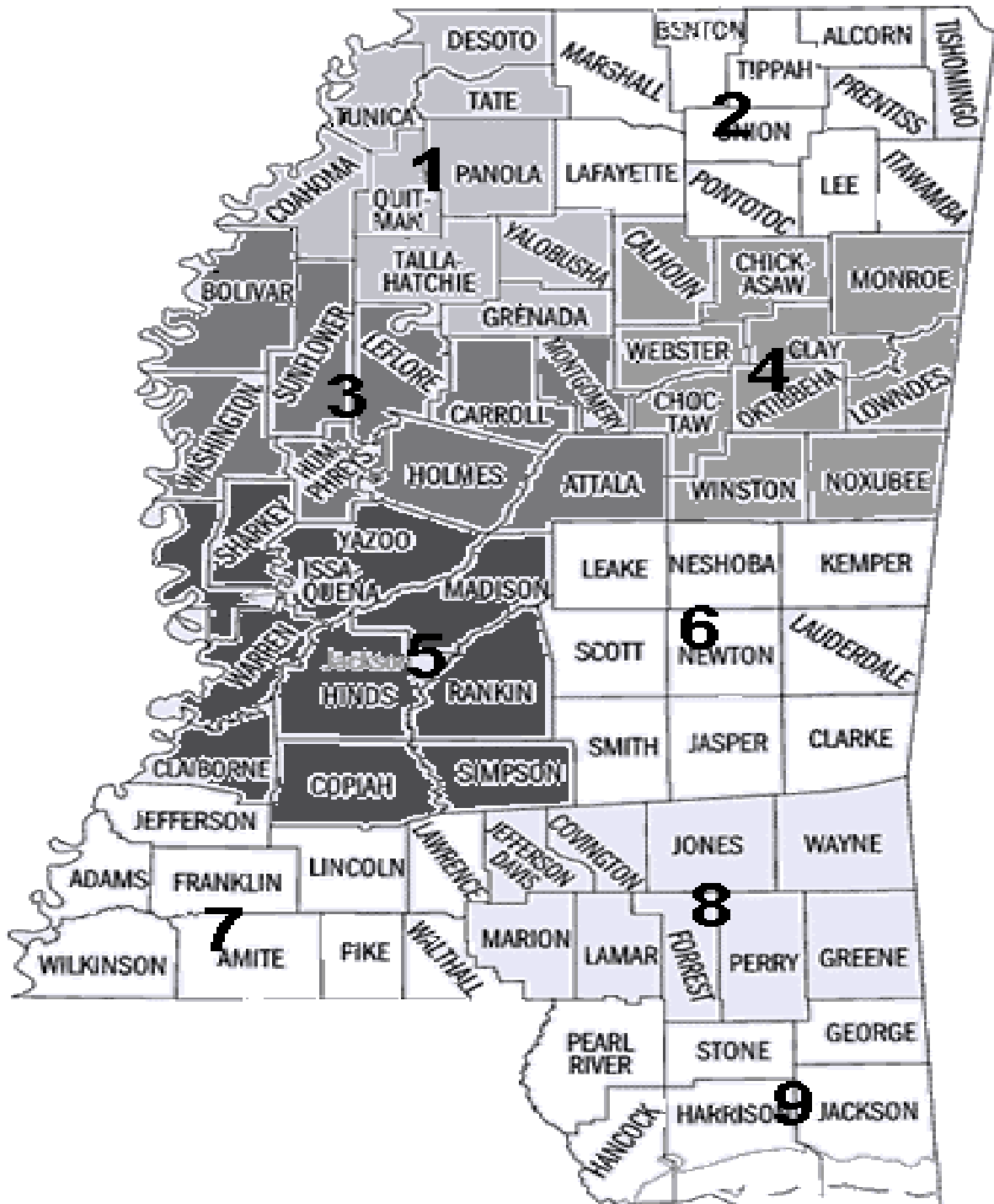
#### **4. Mississippi State Department of Health (MSDH)**

Mississippi has nine health districts providing a wide variety of services for the state's citizens. Nine health center facilities will participate in the pilot network and represent services provided throughout the state's health system (District 1 (Batesville); District 4 (Starkville); District 6 (Meridian); PIMS in Desoto and Holmes Countys; WICs in Natchez, Rolling Fork, Iuka, and Prentiss. (Descriptions of the services and facilities within each of the Health Districts are included in the Appendices). The health facilities provide a wide range of services such as early intervention, adolescent health, breast and cervical cancer screening, EPDST, Children's health insurance, and WIC nutritional program, and immunizations to name a few. The map on the ensuing map provides a view of the statewide impact of the participation of the Mississippi State Department of Health facilities within the pilot network. (See letter of support in the Appendix).

Current connectivity for the Department of Health facilities consists of a range of capacity from 64K to T1 to support their existing applications. The pilot sites will be upgraded in capacity and will be provisioned with quality of service parameters to support the proposed applications (i.e. video, imaging, etc.) on the health information network.



## Map of Mississippi Department of Health Districts by County



## **5. Private Physician Offices**

Mississippi's rurality affects not only the participating hospitals, community health centers, mental health and state health clinics, but also private healthcare providers who face similar barriers to HIT development as their colleagues in healthcare delivery. As proposed, private physician practices will participate in the pilot network.

As earlier data and HPSA maps have shown, our private physicians are geographically isolated in rural areas, stressed to provide quality care to a diverse socio-economically underserved population. The following table provides demographic data for the participating coverage areas of the private physician practices surrounding the rural network hospitals (coverage areas are shown on the rural/telemedicine county map).

Demographics of Counties for Private Physician Practices Affiliated with the Rural Hospitals

County	Total Population	% African Americans	% Native Americans	Median Family Income	Per Capita Income	% Below Poverty Level	% with Bachelor's Degree or Higher
Humphreys	11,206	71.5	0.1	\$23,719	\$17,422	38.2	11.6
Issaquena	2,274	62.7	0.1	\$23,913	\$11,860	33.2	7.1
Leake	20,940	37.4	4.6	\$32,147	\$19,933	23.3	11.6
Neshoba	28,684	19.3	13.8	\$33,439	\$23,921	21.0	11.4
Sharkey	6,540	69.3	0.2	\$26,786	\$16,082	38.3	12.6
Sunflower	34,369	69.8	0.1	\$29,144	\$15,537	30.0	12.0
Tallahatchie	14,903	59.4	0.1	\$26,509	\$17,185	32.2	10.9
Newton	22,165	14.9	3.7	\$29,995	\$23,466	16.9	13.2

Mississippi Development Authority. Mississippi Statistical Data Book, (2004-2005)  
[http://www.mda.state.ms.us/pdf/existing/EIB/MS Statistical Data Book 2003.pdf](http://www.mda.state.ms.us/pdf/existing/EIB/MS%20Statistical%20Data%20Book%202003.pdf) – 2312.4KB

## **Proposed Coverage Areas and Provider Types**

Our vision for the future is to further expand connectivity across the continuum of healthcare providers within our state. Based upon the successes and lessons learned from this pilot FCC network project, we plan to ultimately connect the remaining rural hospitals in our state as well as increase connectivity for additional private physician practices that are so integral to the delivery of healthcare in our rural, geographically isolated areas.

## **Immediate Benefits/Impact of Pilot Network Applications**

This FCC pilot project will facilitate the development and/or expansion of connectivity for a statewide HIT infrastructure that provides immediate benefits for rural/urban participating sites: 1) telemedicine, 2) telehealth, 3) patient education, and 4) hyperlinks to UMMC's knowledge base. The following section provides additional details concerning program applications that will be immediately accessible to participating sites over the broadband connectivity provided by the FCC project.

### Telemedicine

As discussed in detail within the **“Experience in Developing and Managing TelEmergency Programs”** section, the University of Mississippi's TelEmergency (TE) program has a successful history of serving our rural healthcare communities. Utilizing specially trained NPs linked in real-time via TM with their collaborating physicians at the University of Mississippi Medical Center Adult Emergency Department (UMCAED), the TE program addresses the needs of rural emergency departments. As proposed, telemedicine sites will upgrade the bandwidth of the T1 lines in the current network from 1.5Mb to a bandwidth of 3.0Mb.

### Telehealth - Distance Learning Educational Initiatives

Increasing access to telehealth education initiatives forms the foundation for overcoming barriers associated with provider isolation and lack of resources and facilitates the creation of an information sharing network. The overarching philosophical groundwork for the telehealth initiative is to create a community of lifelong learners throughout our state and the network established through this project. Learning within a community facilitates the acquisition of new knowledge, communication skills, problem-solving, teamwork, respect for others, and responsibility for independent study and reciprocal teaching.

Given both resource and time limitations for health care providers in rural communities there is a definite need to provide CE/CME credits that can be offered onsite. Connectivity will allow rural health care providers who work at the pilot network sites to access CE offerings in a timeframe that does not interrupt the workflow of their practices. Heretofore, healthcare providers lacking access to the connectivity provided within this proposal predominately had to close their practices and travel to distant sites for CE

training greatly impacting their ability to provide continuing care within their communities.

For example, in 2004, as part of the HRSA Bioterrorism Hospital Preparedness Program, the MSDH conducted a statewide EMS needs assessment. The 99 EMS agencies, located in 79 of Mississippi's 82 counties, serve 2,844,658 (2004 *estimate*) people distributed over 46,434 square miles. The survey found a significant need to improve the availability and delivery, but not necessarily content, of bioterrorism and disaster planning CE initiatives in Mississippi. During the past two years, only 32 of the 99 EMS agencies participated in bioterrorism educational training. Of these, 84% of the training programs were offered in either local classrooms or regional seminars. Only 16% of the voluntary educational programs utilized distance learning technologies. As a result, a total 337 EMS personnel from 39% of the EMS agencies (representing 27 counties) received educational training during this two year period. These 337 EMS providers represent less than 9% of the state's total EMS population (N=3,801). In fact, many of these providers serve multiple roles within the rural healthcare setting, e.g. working at the hospital, driving the ambulance, etc.

Additionally, as part of our AHRQ Rural Hospital Initiative, and complementary to HRSA's Bioterrorism Needs Assessment survey, we conducted a CE and Teamwork Needs Assessment survey at the eight rural hospital network in the Delta (shown in Table 8). Over 90% of the healthcare providers who responded indicated they would participate in CE offerings that were either provided over the internet or as on-site training seminars.

Expanding connectivity for our participating sites will enable practitioners to immediately access web-based continuing education offerings from the University Medical Center's Continuing Education program as well as educational modules provided through the Information and Quality Healthcare organization (IQH).

In addition to providing access to web-based educational initiatives, IQH will coordinate information sharing through the concept of the Community of Practice Support Network (COPSN) for HIT. The COPSN will connect health care providers to a central community of practice structure that fosters a shared sense of community and vision for HIT adoption and implementation, as well as access to educational programming. This shared voice would further cultivate an open, participatory exchange of experiences and expertise among network participants solidifying an active commitment to HIT adoption and implementation across our state. (Please see additional details for the COPSN concept within the **Leadership Management Plan Section.**)

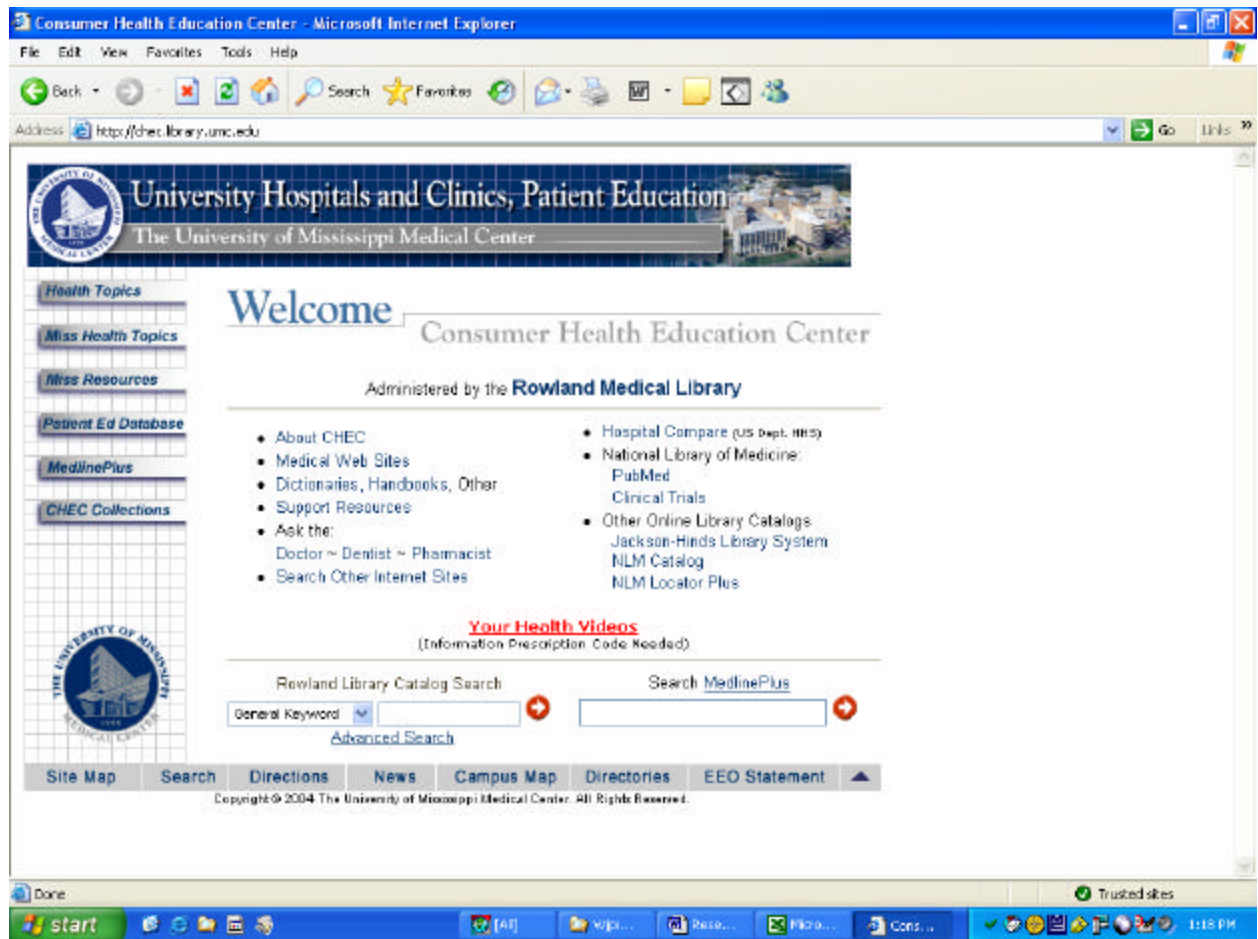
### Patient Education

Expanded connectivity for patient education will be immediately available to healthcare providers and/or patients through access to the network sites is the Consumer Health Education Center (CHEC) of the University of MS Medical Center. CHEC is a collaborative community outreach project by the University of Mississippi Medical Center (UMC), University Hospital and Clinics (UHC), the Rowland Medical Library (RML), and the Jackson-Hinds Library System (JHLS). CHEC is funded by the National Network of Libraries of Medicine, Southeastern/Atlantic Region of the National Library of Medicine, under a \$40,000 sub-contract for an Access to Electronic Health Information for the Public project.

CHEC is a model interactive educational resource center designed to meet the health information needs of the patients, caregivers and the surrounding community. CHEC will increase the role of the health care providers in educating their patients by providing health information that the consumer is seeking, thus increasing compliance and helping patients become better partners in their own care. CHEC also allows health professionals and students to access information and actively engage in patient education activities in a preceptorship ambulatory setting.

The center has ready and easy access to a comprehensive collection of health information through numerous consumer health books, videos and pamphlets from different healthcare associations and organizations. The CHEC web site provides access to health information including numerous Mississippi health resources and Mississippi health topics to patients statewide. Professional staff and trained volunteers at the center provide expertise to assist the public and health professionals in meeting their health information needs.

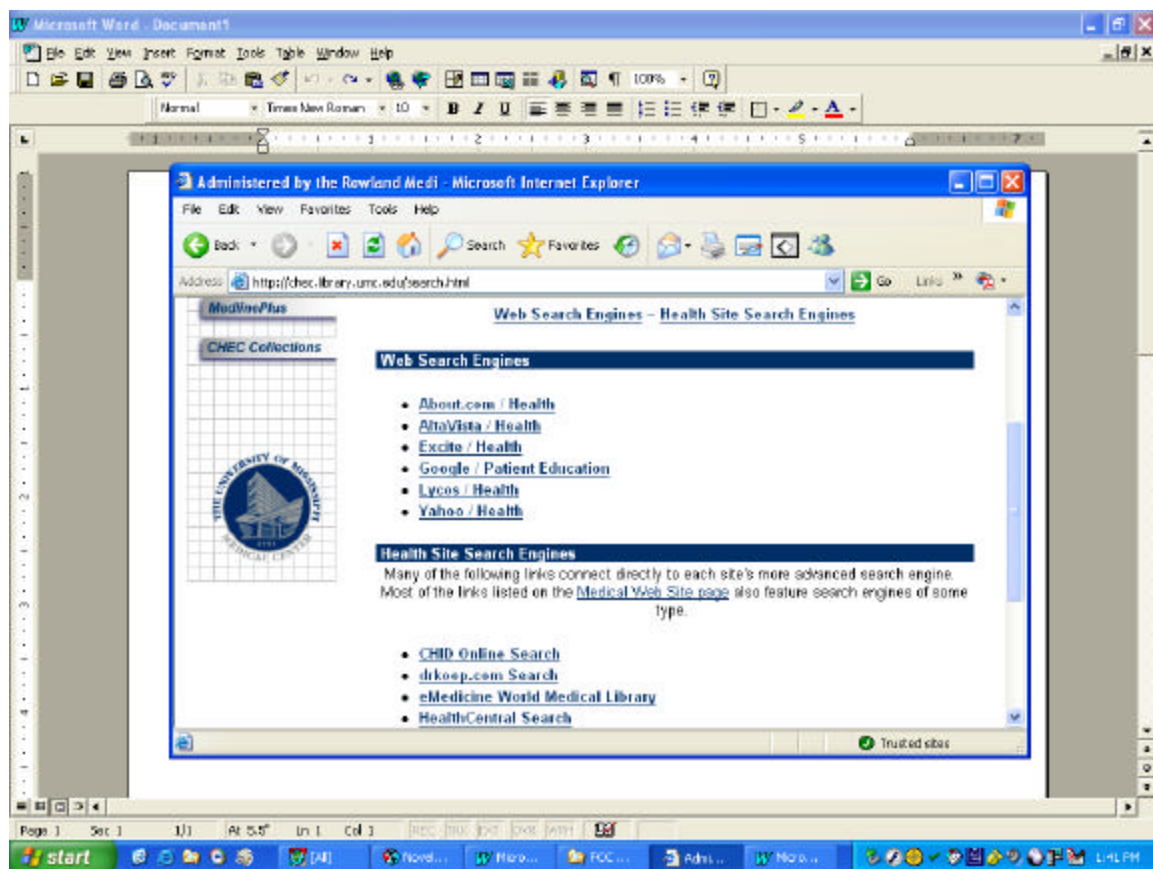
Below is a sample document showing the CHEC homepage. Visitors to the site can easily access additional patient educational materials and resources through the click of a "mouse".



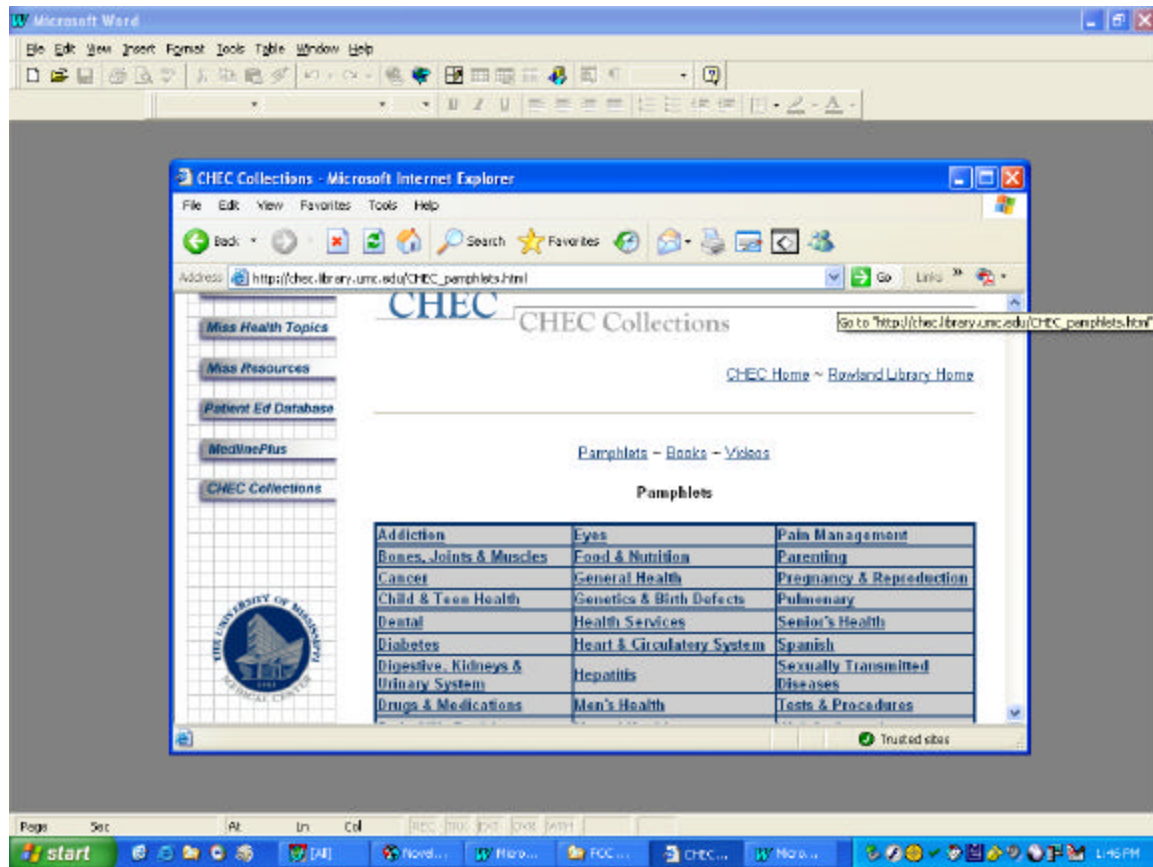
Access to CHEC enhances the role of health care providers in educating their patients and providing culturally appropriate educational materials for their use. The CHEC Web site ([chec.library.umc.edu](http://chec.library.umc.edu)) is a centralized source for authoritative electronic health information. A special feature on the CHEC Web site is the **UMC Patient Education Database** which offers access to full text materials produced by UHC health professionals and identification of other purchased information through a Web database administered by the Rowland Medical Library. Links to the CHEC Web site are also available on the JHLS , the Mississippi state library Web sites; with an additional link proposed by the IQH organization participating in this project.

### Hyperlinks to the University of Mississippi Medical Center's Knowledge Base

As evidenced in the aforementioned paragraphs, the UMMC provides an accessible knowledge base for both providers and patients throughout the state. The CHEC site enables providers and/or patients access to “Ask the: Doctor-Dentist-Pharmacist”, as well as links to the National Library of Medicine: PubMed and Clinical Trials. The “Ask the Doctor” site is staffed by clinical faculty at the medical center who address questions as they are posted to the website. The site also provides links to other search engines and medical web site listings as shown on the page below.



The CHEC site also provides downloadable information on a wide variety of topics as shown below.



An additional mechanism for patient education materials available for access to providers will be the Information and Quality Healthcare (IQH) website. The IQH will be coordinating the Community of Practice Support Network (COPSN) for HIT development within the state. The primary objective of the support network is to document, synthesize and disseminate best practice and technology knowledge for its members. Initially, the Community of Practice Support Network will be designed to include activities that will be beneficial to those just beginning the HIT pathway. The COPSN will be web-based and may provide educational offerings related to, but not limited to:

1. Where to Begin? To cover topics such as an overview of EHR functionalities, benefits and pitfalls and certifications and federal regulations, to name a few.
2. Resource, economic and needs analyses: What is it? How do I do it? How do I match needs analyses results to technological products?
3. Vendor products. How to match needs to products? How to evaluate a vendor's product?
4. CCHIT certification and IOM gold standard guidelines. What are they? Why are they important?



## **Proposed Applications**

Beyond the immediate applications that such connectivity will afford our participating organizations, a number of additional future applications are proposed: 1) Electronic Health Records (EHR), 2) Syndromic Surveillance, and 3) Patient Portal (PHR).

Electronic Health Records: As discussed in the introductory section, HIT adoption in the state of Mississippi has been slowed by a number of barriers: lack of a centralized authority to oversee the implementation of an integrated, interoperable information network; lack of resources (trained personnel and cost of the initial investment and maintenance of technology); lack of standardized policies and procedures across healthcare organizations and providers, which lead to variations in business practices associated in the transfer of health information; lack of a standardized nomenclature, software and taxonomy between healthcare organizations (forms and format of information, data standards, terminology and exchange protocols); lack of knowledge of state and federal laws among direct care health providers; lack of state laws governing maintenance, access and transmission of electronic health; and lack of a secure integrated network/system connecting healthcare organizations and healthcare providers (interoperable framework).

Clearly, these barriers have impeded the development and implementation of EHRs within hospitals and physician practices within our state. Only 10 percent of the state's rural hospitals have adopted some form of an electronic information system. Nine of 82 hospitals statewide had adopted bar-coding technology, 22 have adopted teleradiology, and four utilize telemedicine. Additionally, one hospital in the state has adopted a CPOE system. The e-health initiative identified only 29 independent pockets of HIT activity in the state of Mississippi. However, this study found that none of the 29 projects were integrated across independent provider systems.

The creation of a statewide information infrastructure should be the first step in providing broad-based HIT integration within the state. Creating a blueprint for a statewide infrastructure is essential in Mississippi's effort to provide quality care to rural areas within the state.

A number of the HIT initiatives are unfolding for the sites participating in this FCC proposal that will move them forward into the development and implementation stage of an electronic health record. For example, the Mississippi Primary Health Care Association is developing a response to a proposal for "Electronic Health Record Implementation for Health Center Controlled Networks" through the Office of Health Information Technology: Division of State and Community Assistance. This opportunity will enable the community health centers to further develop HIT applications such as the EHR utilizing the connectivity infrastructure built through the FCC pilot network.

In addition, the UMMC's Center for Health Informatics and Patient Safety (CHIPS) is working with 2 of the 8 rural hospitals to develop and implement an in-patient EHR system. In concert with CHIPS' rural hospital EHR effort is a proposal to AHRQ for the development and implementation of an EHR in the ambulatory physician practices affiliated with the rural hospital network. As participating members of the FCC pilot

network, ongoing dialogue will facilitate the movement towards interoperability of proposed electronic health records across/between provider entities furthering President Bush's mandate to electronically connect health care providers in a meaningful way.

Applications such as an electronic health record will enable providers to better track performance measures that support efforts dedicated to the improvement of patient health outcomes, as well as measures that document the "health" of the organization through economic analysis of its return on investments (ROI). **Again, the ability to "connect" across the continuum of provider organizations is central to the success of our proposed network and lies at the heart of this FCC pilot project.**

Syndromic Surveillance: The devastation of recent Hurricanes Katrina and Rita has shown the importance of timely communications and coordinated partnerships between community, state, regional, and national entities. Effective response in times of disaster is heavily dependent on the efficient flow of information and the extraction of significant knowledge.

The 2005 Annual Patient Safety and Health Information Technology Conference: Making the Healthcare System Safer through Implementation and Innovation focused on the development and adoption of new technology that will help in creating high quality, safe healthcare systems. Both Michael Leavitt, Secretary of the United States Department of Health and David Brailer, National Healthcare Information Technology Coordinator, emphasized the importance of utilizing new software that will improve the sensitivity and specificity of detection algorithms; the need to tie these analyses into visual reporting systems (GIS), the need to collect and analyze data at state and regional levels in real-time, and the importance of academic, industry, and community-based non-profit collaboration. and other public health emergencies at early stages.

Syndromic surveillance through machine learning software can heighten the sensitivity of early warning systems for disease monitoring and predictive modeling of disease clustering. Machine learning is a field of computer science that uses intelligent algorithms to allow a computer to mimic the process of human learning. The machine learning algorithm allows the computer to learn dynamically from the data that resides in the data warehouse. The machine learning algorithms automatically detect and promote significant relationships between variables, without the need for human interaction. This allows for the processing of vast amounts of complex data quickly and easily. As a result, simulation models can incorporate concurrent training experience and early distant warning models incorporate knowledge about the strengths and weaknesses of field personnel.

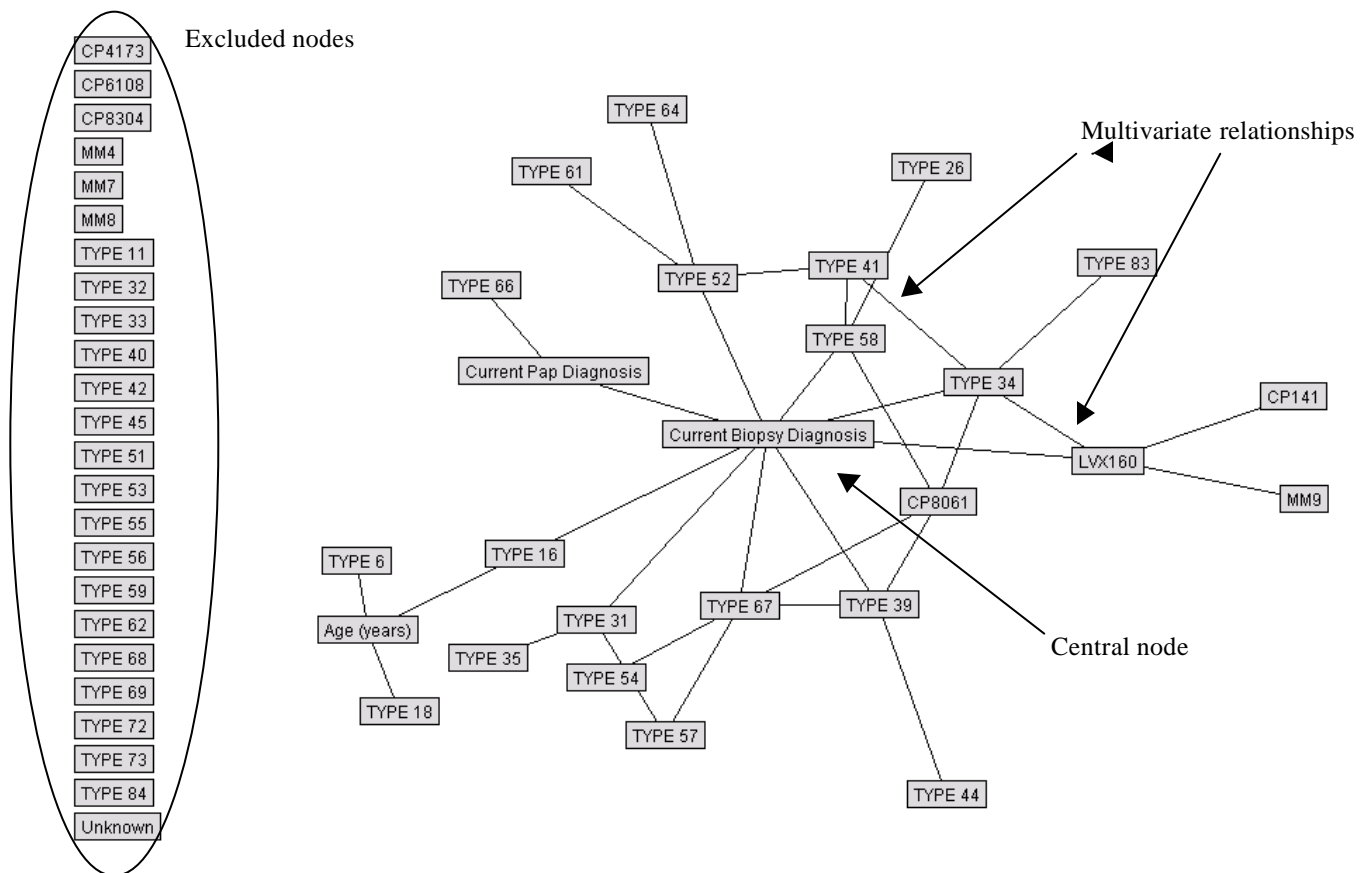
Bayesian networks are computationally efficient and can be interfaced with an automated prediction interface. This interface allows data from other systems to be input directly into a Bayesian network and return a prediction or predictions in real-time. As such, data gathered live at participating healthcare provider sites will generate real-time predictions for use by field care personnel and public health officials.

The future application of such modeling techniques as the Bayesian machine learning program described above will offer predictive models for syndromic surveillance

enabling public health officials real time notification of disease outbreaks and/or clustering of specific diseases across the state. Such an application would provide much needed communication linkages for rural health and public health providers and healthcare responders following natural and/or manmade disasters.

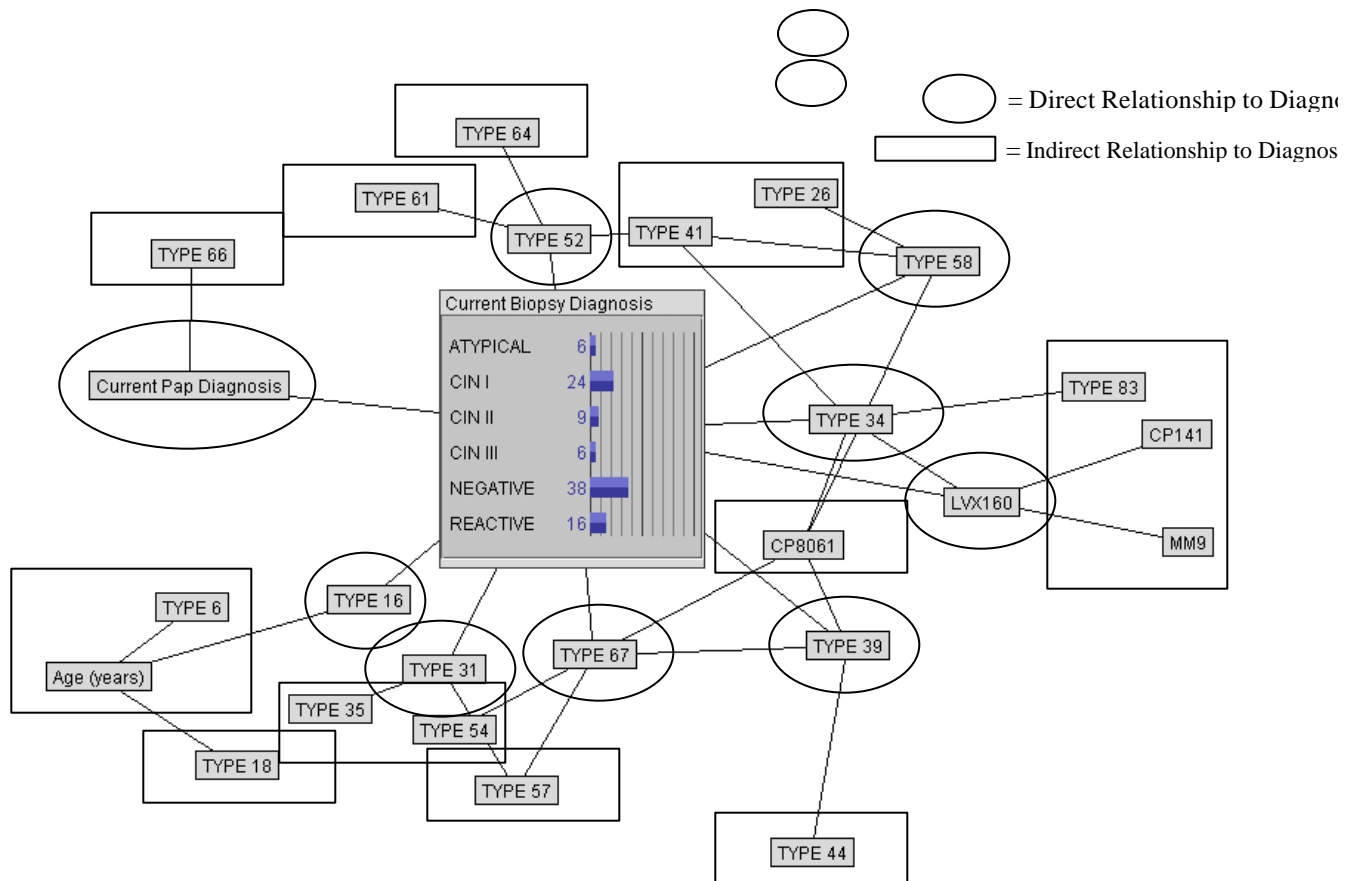
The following explanatory model utilizes Bayesian modeling to predict cervical cancer.

As an example, a cervical cancer risk stratification model was constructed using a data set consisting of 3,155 specimens collected over four years. Each specimen is a sample of cervical tissue from a PAP smear, and for each specimen, data includes PAP smear diagnosis, subsequent biopsy diagnosis, and HPV virotype for 47 types, consisting of low, medium, high, and unknown risk types. A machine learning algorithm was applied to this data set in target independent mode, and in this mode biopsy diagnosis was identified as the central node, purely through the strength of conditional dependence. The complex multivariate relationships between HPV types, as well as the exclusion of certain HPV types from the predictive network, can also be seen.



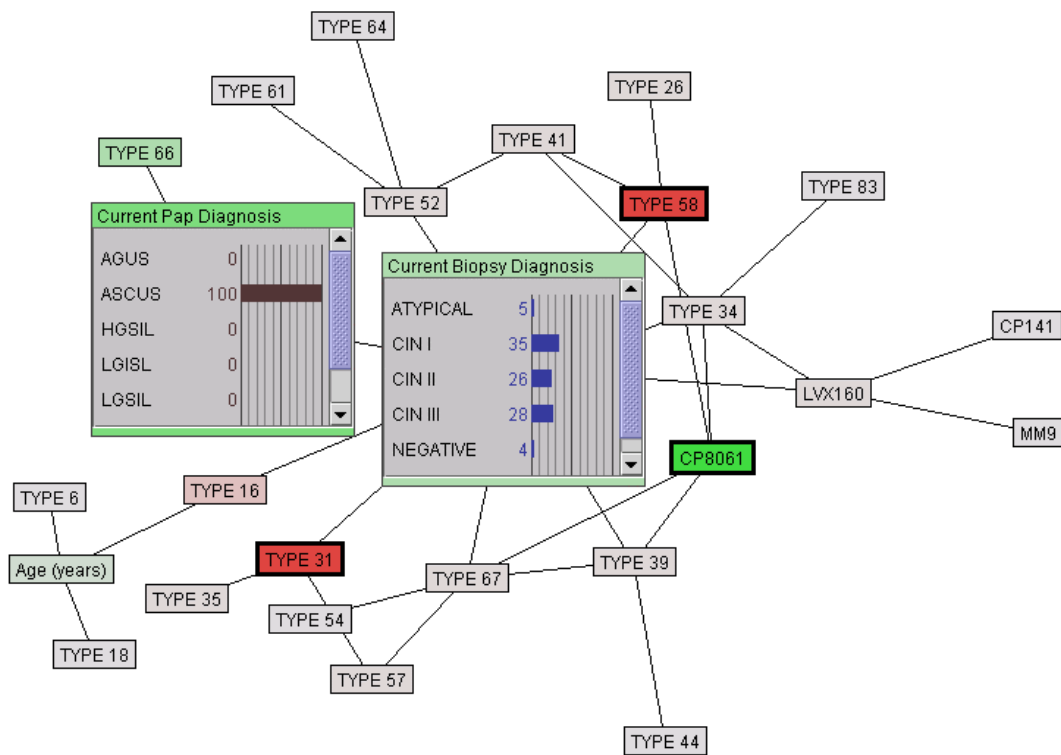
The data set used to create this model has a set of common biopsy diagnoses broken into non-cancerous (atypical, negative, reactive) and cancerous (CIN I, II, and III). The data set also includes common PAP diagnoses, and each virotype described as present or absent. The exemplar model is displayed in Figure 1 below. The variables in the model are represented by the labeled nodes (grey boxes). The conditional dependence

(statistically significant relationship) between the variables is represented by the edges (lines) of the model. In the model, the machine learning algorithms have identified diagnosis as a central node (i.e., diagnosis has a high number of conditional dependencies). The most significant predictors of diagnosis are those variables with direct conditional dependence. Variables with indirect conditional dependence are also predictive of diagnosis, but on a second order level.



**Figure 1: Exemplar Model: Risk Quantification Model for Cervical Cancer**

In Figure 2, green variables indicate absence of virotype while red variables indicate presence of virotype. In addition, the preceding PAP diagnosis is also added as evidence. Given these known conditions, our training data set, and our model, we can calculate that this individual's probability of a Grade III invasive lesion is 28%, versus 6% in the reference population – a 4.5x increase in relative risk.



**Figure 2: Probability of Invasive (Cancerous) Lesion Given Evidence**

Using the same model, we can develop expected probabilities of disease given the presence or absence of multiple symptoms in combination. In Table 1 below, we have calculated the expected probability distribution of biopsy diagnosis for each combination of presence (+1, red) or absence (-1, green) of selected virotypes.

Probability of case	Drivers			Target					
	TYPE 39	TYPE 41	TYPE 58	Current Biopsy Diagnosis					
				ATYPICAL	CIN I	CIN II	CIN III	NEGATIVE	REACTIVE
95.883%	-1.0	-1.0	-1.0	6.3	23.4	8.9	5.7	39.4	16.4
1.911%	1.0	-1.0	-1.0	9.7	32.8	17.2	7.2	20.3	12.7
0.031%	-1.0	1.0	-1.0	6.2	23.9	8.9	6.0	38.8	16.2
0.0%	1.0	1.0	-1.0	9.4	32.7	16.7	7.5	20.9	12.7
1.976%	-1.0	-1.0	1.0	5.6	45.8	9.6	21.6	9.6	7.7
0.165%	1.0	-1.0	1.0	6.4	31.5	10.5	10.5	28.4	12.7
0.031%	-1.0	1.0	1.0	6.2	23.9	8.9	6.0	38.8	16.2
0.0%	1.0	1.0	1.0	9.4	32.7	16.7	7.5	20.9	12.7

As shown, the application of such Bayesian modeling offers additional insight into disease prediction and surveillance for healthcare providers.

### Patient Portal (PHR)

It can be argued that the Personalized Health Record (PHR) is the key component in transforming our current healthcare system to a safer and more efficient consumer driven healthcare system. The PHR has become an integral part of the healthcare environment of the future. The PHR will provide consumers the information to:

- Knowledgeably discuss health issues with providers
- Transfer information to new providers
- Access information while traveling
- Record progress toward health related goals
- Document physician instructions, prescriptions, allergies...
- Track appointments and healthcare services

In order for the consumer to become empowered and play a part in personal healthcare decisions the PHR must be made available to all consumers not only those in large metropolitan areas. This program application will provide access into remote geographic areas in the state to help improve consumer education and to facilitate patient empowerment

## **Pilot Project's Leadership/Management Plan**

The proposed FCC pilot project network will provide the foundation for much needed connectivity across our state. Hurricanes Katrina and Rita highlighted the importance of timely communications and coordinated partnerships between community, state, regional, and national entities. Effective response in times of disaster is heavily dependent on the efficient flow of information and the extraction of significant knowledge. Moreover, the current health status of our citizens highlights the need for the development of an HIT infrastructure that increases access to quality healthcare across the continuum of providers as well as expands access to education and support for geographically isolated providers. At the heart of the infrastructure development is connectivity.

This project's leadership team is multidisciplinary with expertise that spans the health continuum from clinicians to social scientists. The ensuing paragraphs highlight their participation in the pilot network proposal.

### **UMMC- Telemedicine**

Robert Galli, M.D., chairman of the UMMC- Emergency Department, has been the central force behind the development and provision of telemedicine services through the UMMC- Emergency Department. Dr. Galli joined the faculty at The University of Mississippi Medical Center in the division of Emergency Medicine in October of 1994, initially as Residency Director of the Emergency Medicine Program. In December of 1994 Emergency Medicine became an academic department and Dr. Galli was named Chairman. The department has grown to include 30 Emergency Medicine residents and 13 faculties. Ongoing programs include AirCare Helicopter Ambulance Service, Medical Toxicology, Emergency Ultrasound, Sexual Assault Forensic Examination Program and Level 1 Trauma Center.

Dr. Galli joined the faculty of the School of Medicine at UCLA in 1986 as an Assistant Professor with research interests in Natural Disaster, Disaster Medicine, Toxicology, including Envenomizations and Spinal Injuries. He is the lead author of a textbook in spinal injuries, "Emergency Orthopedics – The Spine," Appleton Lang Publishers. Additionally, he was the Program Director of the UCLA Emergency Medicine Residency Program until leaving that institution in 1994 with the rank of Associate Professor.

### **UMMC- Center for Health Informatics and Patient Safety (CHIPS)**

William J Rudman, Ph.D. is co-director of the Center for Health Informatics and Patient Safety (CHIPS), funded through the Mississippi Institute for Improvement of Geographic and Minority Health Disparities. Dr. Rudman currently serves as the deputy director of the Patient Safety Center. The Patient Safety Center is the first interdisciplinary center of excellence at the University of Mississippi. Dr. Rudman is a Professor in Diagnostic and Clinical Health Sciences, in the School of Health Related Professions and in the School of Medicine. Dr. Rudman has been involved in four patient safety or patient care grants

over the past three years: "Addressing Medication Use Variance Errors in Mississippi", "Building Teams for the Future of Patient Safety", "Using Technology to Identify Domestic Violence in Outpatient Clinics", and "Evaluating the System of Medication Error in an In-patient Setting". In addition to Dr. Rudman academic roles, Dr. Rudman has a long history of involvement in the implementation of widespread QI and PI initiatives. Since, 2000, Dr Rudman has served as the epidemiological and quality improvement consultant for Network 8. Network 8 is an End Stage Renal Disease (ESRD) network that covers the states of Mississippi, Alabama, and Tennessee. There are approximately 383 facilities that come under the purview of the Network 8 umbrella. Dr. Rudman's role as consultant included the design of patient data collection tools, design and implementation of research protocols for data collection, collection and analysis of data, development of evidence based QI initiatives and educational programs, and analysis of whether or not the QI initiatives were successful. He will serve as the contact PI for this proposed study.

C. Andrew Brown, MD, MPH, FACP, is a Professor of Medicine in the School of Medicine, and serves as Director of the University of Mississippi Medical Center (UMMC) Patient Safety Center, as well as co-director of the Center for Health Informatics and Patient Safety (CHIPS). Dr. Brown has served as co-investigator and principal investigator of clinical research trials since 1997. He served as Principal Investigator of the Atherosclerosis Risk In Communities (ARIC) Study and of the Genetic Determinants of High Blood Pressure Study (GENOA) funded by NIH/NHLBI. Current research includes: (1) Principal Investigator, Addressing Preventable Medication Use Variance In Mississippi funded by ARHQ; Principal Investigator, Preventable Medication Use Variance in Mississippi (Minority Supplement) funded by AHRQ; and Co-Investigator, Building Teams for the Future of Patient Safety funded by HRSA.

Susan Hart Hester, M.A., Ph.D. is a Professor in the Department of Family Medicine and is a member of the interdisciplinary team for the Patient Safety Center and serves as the Education Liaison for CHIPS, the Education and Awareness Core, and the Health Services Core of the Mississippi Institute for Improvement of Geographic and Minority Health Disparities. She has served as principal investigator and/or co-investigator on numerous grants and assists departmental project directors in monitoring budgetary and contractual issues related to project implementation.

The aforementioned team members have been working with representatives of the participating health agencies (Mississippi Department of Health, Mississippi Department of Mental Health) and Community Health Centers (Mississippi Primary Healthcare Association), telemedicine hospitals, and rural hospitals/private physician practices and other IT representatives to develop this proposal. The IT representatives from MPHCA, the MSDH, MDMH, and UMMC will continue to serve as vital members of the project team. Such participatory teamwork will be ongoing throughout the project timeline.



## **Timeline**

The proposed anticipated start date for this pilot is July 1, 2007. The first two months will be used for a study of the pilot network sites. This study will enable us to further develop the connectivity needs of the participating sites and their service area needs. The estimated costs for this study are \$50,000.

Upon notification of selection:	Begin the Pilot Network Design Study  Seek a waiver of the competitive bid process to allow use of e-rate eligible state master contracts (File form 465 using the state master contract as the bid response)
Regular Project Status meetings:	Conduct regular project status meeting to review issues, address next steps, and provide all resources with necessary deployment information.
Upon Waiver being Granted:	File Form 466 or 466-A with the USAC
Upon funding commitment:	Begin network deployment for pilot sites. Project 25 – 30 sites per month.
After services have begun:	Once services have begun at the rural health facilities file a Form 467 with USAC
After deployment and filing 467:	Develop Project Report to identify lessons learned and begin preparations for next funding year's proposal.

## **Sustainability**

The sustainability of this project is directly related to the value of the program applications. Value will be added to this project by our ability to measure the quality of treatment, improved documentation, enhanced workflow, and increased revenue. For example, a study on the use of the EHR provided by the telemedicine network that already exists, demonstrated an average of a 35% increase in revenue from participating hospitals. Moreover, as noted in the text, the quality of treatment and documentation improved. The 35% increase in revenue will more than cover the expense of either the network upgrade or expansion.

Sustainability is always a question of concern after the end of any granting period. Our goal is to obtain future funding to support this network initiative. If we are unable to obtain future funding it is our belief that providers participating in the network will realize substantial benefits from participation. The various program applications we will provide will result in better treatment and increased revenue for participating entities.

## **Budget**

The following spreadsheet identifies each of the participating network sites along with the proposed connectivity and estimated costs. Costs are also included for a pilot study of the network to be conducted during the first two months following the approval of the proposal.

## **APPENDIX 1**

### **Letters of Support**

University of Mississippi Medical Center

Mississippi Department of Mental Health

Mississippi Department of Health

Mississippi Primary Healthcare Association

Information and Quality Healthcare

## **APPENDIX 2**

### **Biographical Sketches**

**Robert Galli, M.D.**

**William Rudman, Ph.D.**

**C. Andrew Brown, M.D.**

**Susan Hart-Hester, Ph.D.**

### **APPENDIX 3**

#### **Governor's Executive Order**

## **APPENDIX 4**

### **Health Professional Shortage Area Maps**

## **APPENDIX 5**

### **Listing of Pilot Network Participating Sites**

#### **Mississippi's Zip Codes by RUCA Codes**

## **APPENDIX 6**

### **Mississippi Department of Health Districts**



## **APPENDIX 7**

### **UMMC's Consumer Health Education Center**



Dr. Robert Galli  
UMMC  
Jackson, MS

FCC Pilot Program: WC Docket Number : 02-60

Network	Facility	Address	City		3Mbps	6Mbps	45Mbps	50/100ME	10A	Internet	Monthly Total	Install	First Year Total	Ineligible Sites
Rural	Tallahatchie General Hospital	201 South Market Street	Charleston		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	North Sunflower County Hospital	840 North Oak Avenue	Ruleville		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	South Sunflower County Hospital	121 East Baker Street	Indianola		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	Humphreys County Memorial Hospital	500 C C Road	Belzoni		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	Sharkey-Issaquena Community Hospital	47 South 4th Street	Rolling Fork		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	Leake Memorial Hospital	310 Ellis Street	Carthage		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	Neshoba County General Hospital	1001 Holland Avenue	Philadelphia		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Rural	Laird Hospital	25117 Highway 15	Union		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
												Subtotal	\$232,912.00	
												15% match	\$34,937.00	
Telemedicine	Claiborne County Hospital	123 McComb Avenue	Port Gibson		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Magee General Hospital	300 Southeast Third Avenue	Magee		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Quitman County General Hospital	340 Getwell Drive	Marks		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	University Hospitals and Clinics	239 Bowling Green Rd	Lexington		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Lawrence County Hospital	1065 East Broad Street	Monticello		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Pioneer Community Hospital	400 South Chestnut Street	Aberdeen		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Humphreys County Memorial Hospital	500 C C Road	Belzoni		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Franklin County Memorial Hospital	40 Union Church Road	Meadville		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Scott Regional Hospital	317 Highway 13 South	Morton		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Jefferson Davis Community Hospital	1102 Rose Street	Prentiss		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
Telemedicine	Perry County Hospital	206 Bay St	Richton		\$1,712.00					\$300.00	\$2,012.00	\$5,000.00	\$29,114.00	
												Subtotal	\$320,254.00	
												15% match	\$48,038.00	
Physician Clinics/Practices	Fairchild-Clearman Associates	1122 E. Main St, Ste 4	Philadelphia	\$384.00							\$384.00			\$4,608
Physician Clinics/Practices	Jeffrey Todd Willis, MD	1003 Holland Ave # 104,P.O. Box 648	Philadelphia	\$384.00							\$384.00			\$4,608
Physician Clinics/Practices	Airpark Medical Clinic	1056 Holland Ave, P.O. Box 1035	Philadelphia	\$384.00							\$384.00			\$4,608
Physician Clinics/Practices	Medical Surgical Arts	517 Center Ave	Philadelphia	\$384.00							\$384.00			\$4,608
Physician Clinics/Practices	Gihan Naguib, MD	1122 E. Main St, Ste 6	Philadelphia	\$384.00							\$384.00			\$4,608
MS State Hospital	MSH-HQPearl	100 Oak Cir	Pearl			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
MS State Hospital	MSH-Clevel	714 3rd St	Cleveland		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS State Hospital	MSH-Grenad	1970 Grandview Dr	Grenada		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Hudspeth Regional Center	HRC-Kosciu2	138 Love Rd	Kosciusko		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Hudspeth Regional Center	HRC-Morton	3986 Hwy 80	Morton		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Hudspeth Regional Center	HRC-Whitfi	100 Hudspeth Center Dr	Whitfield			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
Ellisville State School	ESS-HQEllisv	Hwy 11 S, Building 900	Ellisville			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
Ellisville State School	ESS-Sumral	4759 Hwy 589	Sumral		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Ellisville State School	ESS-Prenti	1020 Berry St	Prentiss		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
North MS Regional Center	NMR-HQOxford	967 Regional Center	Oxford			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
North MS Regional Center	NMR-Hernan	752 Mount Pleasant Rd	Hernando		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
North MS Regional Center	NMR-Corint	1802 Road 101	Corinth		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
South MS State Hospital	SMH-Laurel	914 West Dr	Laurel			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
South MS State Hospital	SMH-Purvis	823 Hwy 589	Purvis		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
South MS State Hospital	SMH-Clevel	714 3rd St	Cleveland		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
North MS State Hospital	NMH-Tupelo	1927 Briar Ridge Rd	Tupelo			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
North MS State Hospital	NMH-Corint	1000 State Dr	Corinth		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
North MS State Hospital	NMH-Batesv	120 Randy Hendrix Dr	Batesville		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Boswell Regional Center	BOS-HQMagee	1049 Simpson Hwy 149	Magee			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
Boswell Regional Center	BOS-Wesson	1080 E Railroad St	Wesson		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Boswell Regional Center	BOS-Magee1	229 Hwy 545	Magee		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Central MS Residential Center	CMR-Newton1	312 College Ave	Newton			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
East MS State Hospital	EMS-HQMeridi	4555 Highland Park Dr	Meridian			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
East MS State Hospital	EMS-Meridi	825 Hwy 19 N	Meridian		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
South MS Regional Center	SMR-Wiggin1	509 Stapp St	Wiggins		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
South MS Regional Center	SMR-HQLongbe	1170 Railroad St	Long Beach			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
South MS Regional Center	SMR-Gautie2	618 De LaPointe Dr	Gautier		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
Mental Health HQ	Fiber	239 North Lamar	Jackson			\$2,417.00				\$300.00	\$2,417.00	\$5,000.00	\$37,604.00	
												Total	\$878,492.00	
												15% match	\$131,774.00	
Department of Health		North State Street	Jackson	TBD									\$0.00	
DOH - District 1	DHP-D1Batesv	240 Tower Rd	Batesville			\$2,417.00			\$180.00	\$300.00	\$2,897.00	\$5,000.00	\$39,764.00	
DOH - District 4	DHP-D4Starkv	732 Whitfield St	Starkville			\$2,417.00			\$180.00	\$300.00	\$2,897.00	\$5,000.00	\$39,764.00	
DOH - District 6	DHP-D6Meridi	3128 Eighth St	Meridian			\$2,417.00			\$180.00	\$300.00	\$2,897.00	\$5,000.00	\$39,764.00	
DOH - PIMS Desoto County	DHP-Oliveb	6569 Cockrum Rd	Olive Branch		\$1,712.00				\$180.00	\$150.00	\$2,042.00	\$5,000.00	\$29,504.00	
DOH - PIMS Holmes County	DHP-Lexing	106 Westwood Ave	Lexington		\$1,712.00				\$180.00	\$150.00	\$2,042.00	\$5,000.00	\$29,504.00	
DOH - WIC Natchez	DHW-Natchez	36 Colonel John Pitchford Pkwy	Natchez		\$1,712.00				\$180.00	\$150.00	\$2,042.00	\$5,000.00	\$29,504.00	
DOH - WIC Rolling Fork	DHW-Rollin	600 Walnut St.	Rolling Fork		\$1,712.00				\$180.00	\$150.00	\$2,042.00	\$5,000.00	\$29,504.00	
DOH - WIC Iuka	DHW-Iuka	1250 Bettydale Dr	Iuka		\$1,712.00				\$180.00	\$150.00	\$2,042.00	\$5,000.00	\$29,504.00	
DOH - WIC Prentiss	DHW-Prenti	675 S Columbia Ave	Prentiss		\$1,712.00				\$180.00	\$150.00	\$2,042.00	\$5,000.00	\$29,504.00	
												Total	\$296,316.00	
												15% match	\$44,447.00	

MS Primary Health Care Assoc	MPHCA Host	6400 Lakeover Road, Suite A	Jackson		TBD								\$0.00	
MS Primary Health Care Assoc	Aaron E. Henry Comm. Health	800 Ohio Avenue	Clarksdale		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	ACCESS Family Health Services	63420 Highway 25 North	Smithville		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Amite Co. Med. Services	138 Clinic Drive	Liberty		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Central MS Health Services	1134 Winter Street	Jackson		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Claiborne Co. Family Health	2045 Highway 61 North	Port Gibson		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Coastal Family Health Center	1046 Division Street	Biloxi		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Delta Health Center	702 Martin Luther king	Mound Bayou		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	East Central MS Health	1490 Highway 487	Sebastopol		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Family Health Care Clinic	1551 West Government Street	Brandon		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Family Health Center	117 South 11th Avenue	Laurel		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	G.A. Carmichael Family Health	1668 West Peace Street	Canton		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Greater Meridian Health Clinic	2701 Davis Street	Meridian		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Greene Area Medical Extenders	1616 Williams Drive	Leakesville		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Jackson-Hinds Comprehensive	3502 West Northside Drive	Jackson		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Jefferson Comprehensive Health	225 Community Drive	Fayette		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Mallory Community Health	17280 Highway 17 South	Lexington		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Mantachie Rural Health Care	5500 Highway 363	Mantachie		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	North Benton Co. Health Care	15921 Boundary Drive	Ashland		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Northeast MS Health Care	12 East Brunswick Avenue	Byhalia		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Outreach Health Services	130 N. High Street	Shubuta		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Southeast MS Rural Health	5488 U.S. Hwy 49	Hattiesburg		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
MS Primary Health Care Assoc	Southwest Health Agency	101 Hosital Drive	Tylertown		\$1,712.00					\$150.00	\$1,712.00	\$5,000.00	\$27,344.00	
												Total	\$601,568.00	
												15% match	\$90,235.20	
University Medical Center	UMMC at 100Mbps MPLS MetroE		Jackson					\$6,696.00		\$5,000.00	\$11,696.00	\$5,000.00	\$145,352.00	
Medical Mall	Part of Dept of Health and UMC		Jackson										\$0.00	
												Total	\$145,352.00	
												15% match	\$21,803.00	

subtotal	\$2,474,894.00	\$23,040.00
15% match	\$371,234.00	

Network Pilot	Study	\$50,000.00
	Ineligible site	\$23,040.00
	Total	\$2,524,894.00
PDC = total costs of all circuits and services for the pilot		\$2,547,934.00
IPC = total cost of all circuits and services of Ineligible sites		\$23,040.00
RA = TOTAL requested amount (85%)		\$2,146,159.90

## **APPENDIX 1**

### **Letters of Support**

University of Mississippi Medical Center

Mississippi Department of Mental Health

Mississippi Department of Health

Mississippi Primary Healthcare Association

Information and Quality Healthcare

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street  
JACKSON, MISSISSIPPI 39216-4505

Office of Clinical Affairs

Area Code 601  
815-4700

FAX 601  
815-5474

May 1, 2007

William Rudman, Ph.D.  
Co-Director  
Center for Health Informatics and Patient Safety  
Patient Safety and Surveillance Center  
University of Mississippi Medical Center  
880 Lakeland Drive  
Jackson, MS 39216-4505

Dear Dr. Rudman:

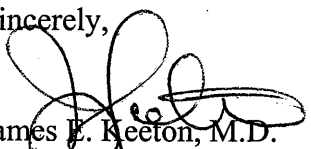
On behalf of the University of Mississippi Medical Center this letter documents support of your application to the FCC's Pilot Network Program (WC Docket number 02-60). The proposed pilot network will provide expanded connectivity across the continuum of healthcare providers and organizations. This connectivity will provide the vital building block for HIT infrastructure within our rural state.

Additionally, the proposed pilot network connectivity will further enable programmatic applications that will benefit our citizens as well as provide much needed access to continuing educational opportunities for our rural healthcare colleagues. The University of Mississippi Medical Center hosts a variety of web-based resources that providers can access through the enhanced connectivity fostered through the FCC pilot project.

The University of Mississippi Medical Center serves the healthcare needs of Mississippi's diverse citizenry. The expanded connectivity implemented through the FCC initiative will greatly impact our service to the state's rural under-served citizens.

Our institution strongly supports this pilot network program and will continue to work with you as the project unfolds. Please let me know if additional information is needed.

Sincerely,



James E. Keeton, M.D.  
Associate Vice Chancellor  
for Clinical Affairs

JEK:cke

# DEPARTMENT OF MENTAL HEALTH

State of Mississippi

239 North Lamar Street  
1101 Robert E. Lee Building  
Jackson, Mississippi 39201



(601) 359-1288  
FAX (601) 359-6295  
TDD (601) 359-6230

Edwin C. LeGrand III - Executive Director

May 4, 2007

William Rudman, Ph.D., Co-Director  
Center for Health Informatics and Patient Safety  
Patient Safety and Surveillance Center  
University of Mississippi Medical Center  
880 Lakeland Drive  
Jackson, MS 39216-4505

Dear Dr. Rudman:

On behalf of the Mississippi Department of Mental Health, please let this letter serve to verify our support of your application to the FCC's Pilot Network Program (WC Docket number 02-06). The proposed pilot network will provide expanded connectivity for the service provider entities within our state mental health network and further enable the expansion of HIT development in our sites. We strongly believe in the need to enhance the infrastructure for HIT within our rural state. Expanded connectivity, as proposed within your pilot network, is the key to successfully implementing HIT applications within the state's healthcare systems.

The pilot network members represent a broad array of healthcare providers. Such diverse partners speak to the solidarity of our healthcare leaders to bring HIT to the forefront of our state's delivery system. We are very excited about this proposed pilot network and will continue to work with your team throughout the development and implementation process. We will continue to support this expanded connectivity through funds we are currently using to pay for existing connectivity.

Please call if additional information is needed.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Edwin C. LeGrand III".

Edwin C. LeGrand III  
Executive Director

ECL:kmb





## **MISSISSIPPI DEPARTMENT OF HEALTH**

May 2, 2007

William Rudman, Ph.D.  
Co-Director  
Center for Health Informatics and Patient Safety  
Patient Safety and Surveillance Center  
University of Mississippi Medical Center  
880 Lakeland Drive  
Jackson, MS 39216-4505

Dear Dr. Rudman:

On behalf of the Mississippi Department of Health, this letter documents support of your application to the FCC's Pilot Network Program (WC Docket number 02-60). Your pilot network proposal will expand connectivity for our state health clinics that serve the healthcare needs of citizens in our rural, geographically isolated counties. We will continue to fund costs associated with the upgrades in connectivity provided through this proposal.

The need for connectivity lies at the heart of future development of HIT within our state. We are excited to be a part of this proposal and look forward to future programmatic applications such as provider continuing education and patient education materials that will be available to our sites.

Again, we strongly support this proposed pilot network and will continue to work with you and the network members to successfully expand connectivity within our rural state's health care delivery system. We will continue to support this expanded connectivity through funds we are currently using to pay for existing connectivity.

Please call me if additional information is needed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael D. Scales".

Michael D. Scales  
Chief Information Officer

**BRIAN W. AMY, MD, MHA, MPH • STATE HEALTH OFFICER**

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, Mississippi 39215-1700  
601-576-7634 • Fax 601-576-7931 • [www.HealthyMS.com](http://www.HealthyMS.com)

*Equal Opportunity In Employment/Services*



# MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION

6400 Lakeover Road / Suite A / Jackson, MS 39213 / (601) 981-1817 / Fax (601) 981-1217

Executive Director:  
**ROBERT M. PUGH, MPH**  
Email: [rmpugh@mphca.com](mailto:rmpugh@mphca.com)

May 1, 2007

**E X E C U T I V E C O M M I T T E E**

<b>Wilbert L. Jones</b> President
<b>James Nunnally</b> President-Elect
<b>Marilyn Sumerford</b> Immediate Past-President
<b>Shirley Ellis</b> Secretary
<b>Eddie Anthony</b> Treasurer
<b>Jasmin Chapman, DDS</b> Member-at-Large
<b>Kaye Ray</b> Member-at-Large

William Rudman, Ph.D.  
Co-Director  
Center for Health Informatics and Patient Safety  
Patient Safety and Surveillance Center  
University of Mississippi Medical Center  
880 Lakeland Drive  
Jackson, MS 39216-4505

## Re: FCC Pilot Network Project

Dear Dr. Rudman:

On behalf of the twenty-two Community Health Centers (CHCs) affiliated with the Mississippi Primary Health Care Association (MPHCA), please accept our support for the referenced FCC Pilot Network project, WC docket number 02-60. We are excited to be a part of this statewide effort to bring HIT connectivity to a diverse number of healthcare providers and provider organizations.

The proposed FCC pilot network will expand the infrastructure for HIT connectivity within our CHCs and enable our providers to access much needed program applications such as continuing education, patient education, and hyperlinks to the expertise and knowledge base of the University of Mississippi Medical Center. Such connectivity furthers the development and implementation of HIT across our CHC sites and will greatly enhance our abilities to provide quality healthcare for the rural populations served through these "Safety Net" organizations.

Mr. T.C. Washington, Health Information Systems Coordinator for the MPHCA, will continue to work with you and the pilot network team as the process continues. MPHCA will continue to support this expanded connectivity through funds we are currently using to pay for existing connectivity.

Please let me know if you need additional information, as we are excited to be a part of this proposal and look forward to its successful implementation across our state.

Sincerely,

Robert M. Pugh, MPH  
Executive Director

RMP/vn



Information & Quality  
HEALTHCARE

385-B Highland Colony Parkway  
Suite 504  
Ridgeland, MS 39157  
Tel: 601.957.1575, ext. 247  
Fax: 601.956.1713  
E-Mail: [jmcilwain@msqio.sdps.org](mailto:jmcilwain@msqio.sdps.org)

May 1, 2007

JAMES S. McILWAIN, JR., MD  
*President*

William Rudman, Ph.D.  
Co-Director  
Center for Health Informatics and Patient Safety  
Patient Safety and Surveillance Center  
University of Mississippi Medical Center  
880 Lakeland Drive  
Jackson, MS 39216-4505

Dear Dr. Rudman:

On behalf of Information & Quality Healthcare (IQH), the MS Medicare Quality Improvement Organization, this letter documents support of your application to the FCC's Pilot Network Program (WC Docket number 02-60). The proposed pilot network will support the expansion of connectivity across the continuum of healthcare providers within our rural state. Such connectivity is vital to the future development of HIT within our state, particularly within our geographically isolated healthcare provider sites.

IQH recognizes the importance of providing HIT and providing linkages for rural healthcare providers, enabling them to access continuing education as well as decision support for HIT issues. The coordination of the Community of Practice Support Network (COPSN) by IQH will further our dedication to HIT development and implementation within Mississippi's healthcare system.

I look forward to the implementation of this exciting project. Please let me know if additional information is needed.

Sincerely,

James McIlwain, MD  
President, IQH

Co-chairman MS Health Information Technology Infrastructure Task Force

JSM/pbt

## **APPENDIX 2**

### **Biographical Sketches**

**Robert Galli, M.D.**

**William Rudman, Ph.D.**

**C. Andrew Brown, M.D.**

**Susan Hart-Hester, Ph.D.**

## **Robert L. Galli, M.D.**

Professor and Chair of Emergency Medicine  
University of Mississippi Medical Center  
2500 North State Street  
Jackson, Mississippi 39216  
Phone: (601) 984-5570  
Fax: (601) 984-5583  
Email: [rgalli@emergmed.umsmed.edu](mailto:rgalli@emergmed.umsmed.edu)

### **PROFILE**

Dr. Galli is the Chairman of the Emergency Medicine department at the University of Mississippi Medical Center. The department includes 30 Emergency Medicine residents and 13 faculties. Ongoing programs include AirCare Helicopter Ambulance Service, Medical Toxicology, Emergency Ultrasound, Sexual Assault Forensic Examination Program and Level I Trauma Center. The newest program from the Department of Emergency Medicine involves Telemedicine: TelEmergency. The department has developed a unique emergency training program for nurse practitioners. The program sees approximately 1,000 patients per month and has attracted approximately \$1,000,000 in funding.

### **EDUCATION/TRAINING**

Los Angeles Regional Poison Control, Los Angeles, CA, Toxicology Preceptorship, 1988 – 1991  
UCLA Medical Center, Los Angeles, CA, Emergency Medicine Residency, 1984 – 1986  
Yale-New Haven Hospital, New Haven, CT, Internal Medicine Residency, 1982 – 1984  
Yale-New Haven Hospital, New Haven, CT, Internal Medicine Internship, 1981 – 1982  
Yale University School of Medicine, M.D., 1981  
Northeastern University, Pre-medical Studies, Faculte' Libre Medecine, 1976 – 1978  
Rutgers University, 1974 – 1976  
Swarthmore College, B.A., 1972  
College d'Europe, European Studies, 1971

### **CERTIFICATIONS/LICENSURE/REGISTRATIONS**

Medical Licensure – Mississippi, 1994  
Medical Licensure – California, 1985  
American Board of Medical Examiners  
American Board of Internal Medicine (ABIM), 1985  
American Board of Emergency Medicine (ABEM), 1988, 1998

### **APPOINTMENTS/HONORS/AWARDS**

Nominated, Rhodes Scholar, 1972  
President, American Studies, Bruges, Belgium, 1971  
Hunter Grubb Study Grant, Swarthmore College, 1971  
Scholarship Abroad, College d'Europe, Bruges, Belgium, 1971  
Brooks Political Science Scholarship, Swarthmore College, 1970

### **PROFESSIONAL ASSOCIATIONS**

American College of Physicians  
American College of Emergency Physicians  
ACEP – Mississippi Chapter, Emergency Medicine  
Emergency Medicine Residents' Association  
Alpha Omega Alpha  
Association of Academic Chairs of Emergency Medicine  
American Telemedicine Association  
Society of Academic Emergency Medicine

## BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME William J. Rudman, PhD	POSITION TITLE Professor, Health Information Management Professor, Department of Medicine		
eRA COMMONS USER NAME brudman			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Westminster College, Salt Lake City, Utah	B.S.	1976	Liberal Arts
University of Illinois, Urbana-Champaign, Illinois	M.A.	1983	Sociology
University of Illinois, Urbana-Champaign, Illinois	Ph.D.	1985	Sociology
University of Mississippi Medical Center, Jackson, Mississippi	B.S.	1999	Health Information Management

### A. Positions and Honors

#### Positions and Employment

1979-1984	Graduate Teaching and Research Assistant, Department of Sociology, University of Illinois, Urbana-Champaign, IL
1984-1988	Assistant Professor, Health and Sports Studies, Department of Physical Education, Miami University, Oxford, OH
1988-1990	Assistant Professor, Physical Education and Recreation, Department of Health, The Ohio State University, Columbus, OH
1990-1991	Chief Health Educator, Social Science Research, Illinois Cancer Council, Chicago, IL
1991-1995	Assistant Professor, Healthcare Supervision and Management, Health Information Management, School of Health and Rehabilitation Sciences, University of Pittsburgh, Pittsburgh, PA
1991-2001	Associate Professor, Healthcare Supervision and Management, Health Information Management, School of Health Related Professions, University of Mississippi Medical Center, Jackson, MS
1995-2003	Associate Professor, Health Information Management, School of Health Related Professions, University of Mississippi Medical Center, Jackson, MS
2001-Present	Professor, Health Information Management, School of Health Related Professions, University of Mississippi Medical Center, Jackson, MS
2003-2006	Deputy Director, Patient Safety and Surveillance Center, University of Mississippi Medical Center, Jackson, MS
2003-Present	Professor, Health Information Management, School of Health Related Professions, University of Mississippi Medical Center, Jackson, MS
2003-Present	Professor of Medicine, School of Medicine, University of Mississippi Medical Center, Jackson, MS
2004-Present	Co-Director Clinical Health Science Graduate Program, School of Health Related Professions, University of Mississippi, Jackson MS
2004-Present	Research Coordinator Grants and Contracts, School of Health Related Professions University of Mississippi Medical Center, Jackson MS
2006-Present	Core Co-Director, Informatics Core - Institute for Geographic and Minority Disparity, University of Mississippi, Jackson MS
2006-Present	Co-Director for the Center on Patient Safety and Surveillance (CHIPS), University of Mississippi, Jackson MS

#### Professional Memberships

Member, American Health Information Management Association  
 Member, Association of Management

#### Honors

2004-Present	Editorial Board, Information & Management in Health (journal)
2005-Present	Steering Committee, State of MS Coalition for Patient Safety
2005-Present	Disaster Planning Committee, University of Mississippi Medical Center, Jackson, MS
2006-Present	Chair, Program Committee – Mississippi HIMMS

2006-Present	Advisory Board, Mississippi Health Advocacy Program
2006-Present	Co-Editor-In-Chief, Perspectives in Health Information Management (journal)
2006-Present	Electronic Health Record Committee, University of MS Medical Center, Jackson, MS
2006-2007	Health Information Security and Privacy Committee: Steering Committee: Chair, State Variations Working Group
2006-2008	Board of Directors, FORE, American Health Information Management Association
2006-2008	Expert Panel, Dept. of Health & Human Service's Economic Analysis of Health Information Technology in the Ambulatory Setting
2007-2009	Member, Governor's Mississippi Health Information Infrastructure Task Force

#### **B. Selected Peer-reviewed Publications**

1. Garrett, P., Brown, C.A., Hart-Hester, S., Hamadain, E., Dixon, C., Pierce, W., Rudman, W.J. (2006) "Identifying Barriers to the adoption of new technology in rural hospitals: A case report" Perspective in Health Information Management (Fall) 3;9:1-11.
2. Rudman, W.J., Bailey, J., Miller-Davis, P., Garrett, P., Cohen, F., and Brown, C.A. (2006) "Healthcare Provider Perceptions about Teamwork and Safety Culture from Small Rural Hospitals in Mississippi" Patient Safety and Quality Healthcare (Nov./Dec.) 3,6: 46-49
3. Lesniak, K.T., Rudman, W.J., Rector, M.B., and Elkin, T.D. (2006) "Psychological Distress, Stressful Life Events, and Religiosity in Younger African American Adults" Mental Health, Religion and Culture (March); 9(1): 15-28.
4. Brown, C.A., Bailey, J., Garrett, P., and Rudman, W.J., (2006) "The pharmacist-physician relationship in the detection of ambulatory medication errors." The American Journal of the Medical Sciences. (January); 331(1): 22-24.
5. Brown, C.A., Bailey, J., Miller-Davis, M., Garrett, P., and Rudman, W.J., (2005) "Improving Patient Safety Through Information Technology" Perspective in Health Information Management. (Fall) 2;5:1-12
6. Rudman, W.J., Bailey, J., Hope, C. Brown, C.A., (2005) "The impact of a Web Based reporting System on variations in Medication Error Occurrence Reports: Comparing Web-based Occurrence Reports to Paper Occurrence Reports" Advances in Patient Safety: From Research to Implementation Vol. 3:195-205.
7. Cohn, F., and Rudman, W.J., (2004) "Fix the Broken Bones and the Broken Homes: Domestic Violence and Patient Safety" Joint Commission Journal on Quality and Safety (Nov) 30:11:636-646.
8. Bailey, J., and Rudman, W.J. (2004) "The Expanding Role of the Health Information Management Professional : Where Research and the Health Information Management Role Intersect" Perspective in Health Information Management (Sept.) 20:1,7
9. Cohn, F., and Rudman, W.J. (2004) "Integrating Ethics Education into the Clinical Setting" Academic Exchange Quarterly (Fall) 8,3.
10. Rudman, W.J., Brown, C.A., Hewitt, C., Carpenter, W., Campbell, B., Tubbs, T., Noble, S.L., (2002) "The use of Data Mining Tools in the identification of Medication Error Near Misses and Adverse Drug Events" Topics in Health Information Management 23:2:94-101.
11. Brown, C.A., Rudman, W.J., Hughes, G., Rogers, H., Smith, M. (2002) "Addressing Ambulatory Care Errors in Mississippi" Topics In Health Information Management 23:2:47-58
12. Rudman, W.J. and Hewitt, C. (2001) "Don't Ask Don't Tell: Coding Intimate Partner Violence" Educational Perspectives in Health Information Management (3,2): 39-47.
13. Rudman, W.J., Carpenter, W., Eskra, D. and Hewitt, C. (2000) "Surveillance Alert: Mining for Medication Errors" Proceedings for the 15<sup>th</sup> Annual Primary Care Research Methods and Statistics Conference, San Antonio Texas.
14. Rudman, W.J. and Hewitt, C. (October 2000) "Turning data into information: Integrating outcomes data into performance improvement efforts" Proceedings for the International Federation Records Organization, International Meetings, Sydney Australia.
15. Rudman, W.J. and Hewitt, C. (November 2000) "Use of statistical analysis in assessing appropriate documentation and coding" Topics in Health Information Management (21,2):
16. Rudman, W.J. and Davey, D. (2000) "Identifying domestic violence within inpatient hospital admissions using medical records" Women & Health. Vol.30, No. (4): 1-12.
17. Rudman, W.J. and Hewitt, C. (2000) "Don't Ask Don't Tell: Coding Intimate Partner Violence" White Paper for the Family Violence Prevention Fund.
18. Rudman, W.J. and Hewitt, C. (1999) "ORYX: Opportunity gained or lost" Journal of the American Health Information Management Association (70:6): 48-52
19. Groat, B.A. and Rudman, W.J. (1999) "The Balanced Budget Act of 1997: Bringing HIM and the Rehabilitation Therapies closer together" Topics in Health Information Management (19:3): 32-40.

20. Rudman, W.J. and Hewitt, C (1998) "ORYX: Are you ready for outcomes measurement in HIM" At the crossroads: Tools for the 21<sup>st</sup> century. Proceeding for the 70<sup>th</sup> National American Health Information Management Associations National Conference: 309-318
21. Rudman, W.J. and Davey, D. (1998) "Does gender make a difference: Factors that influence salary level within Health Information Management" Topics in Health Information Management (18:4): 89-94
22. Rudman, W.J. and Daniel, S. (1998) "Developing case based and client centered educational curricula in Health Information Management" Educational Perspectives in Health Information Management (1/1): 15-23
23. Rudman, W.J. (1998) "Implementation of Outcomes Measures and Statistical Process Control Methodologies in Quality Assurance and Utilization Review Efforts within Health Information Management Departments", Topics in Health Information Management (18/3): 1-7
24. Rudman, W.J. (1997) "Servant leadership in Health Information Management" Proceedings for the 69<sup>th</sup> American Health Information Management Association National Conference: 97-112.
25. Watzlaf, V., Rudman, W.J., Abdelhak, M., Anania-Firouzan, P. (1997) "Regional variations in health information managers roles and functions" Journal of the American Health Information Management Association, (68/1): 51-56.
26. Rudman, W.J. and Spence, L (1996) "Redefining Leadership: Meeting New Challenges in Health Care" Proceedings for the 68<sup>th</sup> American Health Information Management Association National Conference: 7-12.
27. Rudman, W.J., Watzlaf, V., Abdelhak, M., Borges, E., Anania-Firouzan, P (1996) "Career paths, mobility, and advancement for Health Information Professionals" Journal of the American Health Information Management Association (67/7): 67-71.
28. Rudman, W. J. (1996) "Defining the Future of Technology in Health Information Management," Journal of the American Health Information Management Association. (67/1): 48-54.
29. Rudman, W.J., McClellan, P., and Lipping, A. (1995) "Sexual Harassment in Health Information Management Departments" Proceedings for the Association of Management 13th International Meetings, vol. 13, no. 1:127-132.
30. Rudman, W. J. (1995) "Implementing Statistical Process Control Measures into Health Information Management Departments: Redefining Roles and Functions of Health Information Professionals," Proceedings for the 67<sup>th</sup> American Health Information Management Association national conference: 215-230.
31. Rudman, W. and Gumbita, L. (1995) "Research Review: The Effect of Barriers to Communication on Job Satisfaction and Perceived Work Productivity," Topics in Health Information Management, May, Vol. 15(4): 70-80.
32. Rudman, W. J. (1995) "The Effects of Education on Career Advancement Patterns of Health Information Managers as Leaders in Health Care Reform," Journal of the American Health Information Management Association, (66/1): 45-49
33. Rudman, W. J. and Kearns, L. (1995) "Administrator Perceptions of Health Information Managers as Leaders in Health Care Reform," Topics in Health Information Management, Vol. 15(3): 9-17.
34. Rudman, W. J., Anania-Firouzan, P. and Polenik, D. (1994) "Re-engineering Management in Health Information," Journal of Clinical Data Management, Vol. 1, #8 (Nov): 4-5.
35. Lipping, A., Rudman, W. J. and Beaty, K. (1994) "Redefining Human Diversity Within Health Care Setting: An Organizational Versus Departmental Approach," Proceedings for the Association of Management International Conference, Vol. 12, #1: (122-127).
36. Rudman, W. J. and Rohrer, W. (1994) "Implementing Statistical Process Control Measures in Health Information Departments," Journal of Health Information Management Research, 2(2), (winter/spring): 42-51.
37. Rudman, W. J. (1994) "Implementing Change in the Work Redesign Process," Topics in Health Information Management, 14(4), 59-67.
38. Rudman, W. J. and Lipping, A. (1994) "Bridging the Gap between Research and Practice." Sport Business: Operational and Theoretical Issues. P. Graham (Ed.), Brown and Benchmark: 276-282.
39. Rudman, W. J. and Verdi, P. (1994) "Exploitation: Comparing Sexual and Violent Imaging of Females and Males in Advertising," Women & Health, 20(4): 1-14.
40. Rudman, W. J. and Lipping, A. (1993) "Evaluating and Initiating Change in Health Care," Proceedings for the Association of Management International Conference 11, #2 (August 5-9, 1993): 13-19.
41. Rudman, W. J. and Mazzoni, J. (1992) "Myth of the Empowering Manager: Communicating A Vision," Topics in Health Information Management, 13 #2 (November): 29-35.

## C. Research Support

### Ongoing Research Support

CPIMP06018-01      Jones (PI)      09/01/06-08/31/09

HHS



### **Mississippi Institute for Improvement of Geographic Minority Health Disparities**

This study is designed to address the many and significant health disparities faced by rural disadvantaged and minority populations throughout Mississippi. The program is intended to demonstrate the effectiveness and efficiency of a targeted and multifaceted statewide approach to eliminating these health disparities.

Role: Co-Director, Health Informatics Core

**1UC1HS15400-02 Brown (PI) 09/30/04-08/31/07**

**AHRQ**

#### **Detecting Med Errors in Rural Hospitals Using Technology funded by AHRQ (\$1.22 million)**

This is a multi-site study designed to help detect and report medical errors in eight rural hospital sites in Mississippi using an electronic error reporting system.

Role: PI

### **Completed Research Support**

**1U18HS11923-01 Brown (PI)**

**10/1/01-9/30/04**

**AHRQ**

#### **Addressing Preventable Medication Use Variance in Mississippi**

The major goals of this project are to: (1) identify the causes of preventable health care errors and patient injury in health care delivery; (2) develop, demonstrate, and evaluate strategies for reducing errors and improving patient safety throughout Mississippi; and (3) disseminate the results of the project's research and the strategies developed throughout the health care industry.

Role: Co-Investigator

**1D51HP10000-01 Peirce (PI)**

**10/1/01-9/30/04**

**HRSA**

#### **Building Teams for the Future of Patient Safety**

The major goals of this project are to develop interdisciplinary courses between health care professionals within nursing schools in the Mississippi and to develop and disseminate information on medication errors to patients. (patient centered care)

Role: Co-investigator

**51452 Tubb (PI)**

**12/01/01-11/30/03**

**American Society of Hospital Pharmacists**

#### **Evaluating the system of Medication Error in an In-patient Setting**

The major goals of this project were to examine human organizational and technological processes related to the distribution of medication and to identify system factors that lead to medication errors in order to develop intervention strategies. (continuous quality improvement)

Role: Co-investigator

## BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME <b>C. Andrew Brown, MD, MPH</b>	POSITION TITLE Professor of Medicine Director, Patient Safety Center		
eRA COMMONS USER NAME <b>andybrown</b>			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Millsaps College, Jackson, Mississippi	BS	1983	Biology
University of Mississippi School of Medicine, Jackson, MS	MD	1989	Medicine
Harvard University School of Public Health, Boston, MA	Certificate	1995	Clinical Effectiveness
Harvard University School of Public Health, Boston, MA	MPH	1997	Public Health

### A. Positions and Honors

#### Positions and Employment

1989-1992 Resident, University of Mississippi Medical Center, Jackson, MS

1992-1994 Chief Resident, University of Mississippi Medical Center, Jackson, MS

1992-1993 Instructor, Department of Medicine, University of Mississippi Medical Center, Jackson, MS

1993-1994 Acting Assistant Chief, Medical Service, Department of Veterans Affairs Medical Center, Jackson, MS

1994-1997 Assistant Chief, Medical Service, Department of Veterans Affairs Medical Center, Jackson, MS

1993-1997 Staff Physician, Department of Veterans Affairs Medical Center, Jackson, MD

1993-1999 Assistant Professor, Division of General Internal Medicine, Department of Medicine, University of Mississippi Medical Center, Jackson, MS

1999-2003 Associate Professor, Division of General Internal Medicine, Department of Medicine, University of Mississippi Medical Center, Jackson, MS

1999-2003 Associate Vice Chairman for Primary Care, University of Mississippi Medical Center, Jackson, MS

1999-2003 Director, Division of General Internal Medicine, Department of Medicine, University of Mississippi Medical Center, Jackson, MS

2003-Present Professor, Division of General Internal Medicine, Department of Medicine, University of Mississippi Medical Center, Jackson, MS

2004-Present Director, Patient Safety Center, University of Mississippi Medical Center, Jackson, MS

#### Professional Memberships

1998-2002 Physician Advisor, Mississippi State Medicaid Policy Board

1997-2001 Member, Mississippi State Medicaid Drug Utilization and Review Board

1999-Present Fellow, American College of Physicians

2003-Present Chairman, Quality Assurance Task Force, University of Mississippi Medical Center

2003-2005 Chairman, AHRQ Patient Safety Steering Committee

#### Honors

1991-1992 AOA Resident Teacher of the Year

1993 American Legion Doctor of the Year

1994 Veterans Service Organization for Outstanding Physician Award

1995 Quality Care Award, Veterans Affairs Medical Center, Jackson, MS

1995 Veterans Affairs Special Contribution Award

1996-1997 Best Doctors in America, Southeast Region

1998, 2002 Best Doctors in America

2001 Excellence in Research Award - Gold Level, University of Mississippi Medical Center

2002-present Excellence in Research Award - Platinum Level, University of Mississippi Medical Center

## B. Selected Peer-reviewed Publications

1. Brown CA, Olinde KD, Hicks S. Case records of the Department of Medicine. University of Mississippi Medical Center. Polyglandular Autoimmune Deficiency Syndrome (Clinical Conference). 1994; 35(7): 198-203.
2. Brown CA, Olinde KD, Isaacs R. Polyarteritis nodosa. Journal of the Mississippi State Medical Association. 1995; 36(1): 6-10.
3. Brown CA, O'Connell JB. Myocarditis and idiopathic dilated cardiomyopathy. American Journal of Medicine. 1995; 99(3): 309-314.
4. Brown CA, O'Connell JB. Implications of the Myocarditis Treatment Trial. Current Opinions in Cardiology. 1996; 11(3): 332-336.
5. Brown CA. Myocarditis and Myocarditis Treatment Trial. Current Practice of Medicine. 1999; 2(1): 8-11.
6. Wofford MR, Andrew ME, Pickett RA, Brown CA, Wyatt S, King D, Jones DW. Obesity hypertension in the atherosclerosis risk in communities cohort: Implications of obesity guidelines. Journal of Clinical Hypertension. 1999; 1: 27-32.
7. Din-Dzietham R, Liao D, Diez-Rouze A, Nieto FJ, Paton C, Howard G, Brown A, Carnethon M, Tyroler HS. Association of educational achievement with pulsatile arterial diameter change of the common carotid artery: The Atherosclerosis Risk in Communities (ARIC) Study, 1987-92. American Journal of Epidemiology. 2000; 152: 617-627.
8. Wofford MR, Anderson DC Jr, Brown CA, Jones DW, Miller ME, Hall JE. Antihypertensive effect of alpha-and beta-adrenergic blockade in obese and lean hypertensive subjects. American Journal of Hypertension. 2001; 14(1): 694-8.
9. Bouldin MJ, Low AK, Blackston JW, Duddleston DN, Holman HE, Hicks GS, Brown CA. Quality of care in diabetes: understanding the guidelines. The American Journal of the Medical Sciences. 2002 Oct; 324(4): 196-206.
10. Holman HE, Hicks GS, Low AK, Bouldin MJ, Russell LD, Friedrich CA, Brown CA. An internist's update on cholesterol management. The American Journal of the Medical Sciences. 2002 Oct; 324(4): 189-95.
11. Russell L, Hicks GS, Low AK, Shepherd JM, Brown CA. Phytoestrogens: A viable option? The American Journal of the Medical Sciences. 2002 Oct; 324(4): 185-8.
12. Low AK, Russell LD, Holman HE, Shepherd JM, Hicks GS, Brown CA. Hormone replacement therapy and coronary heart disease in women: A review of the evidence. The American Journal of the Medical Sciences. 2002 Oct; 324(4): 180-4.
13. Shepherd JM, Duddleston DN, Hicks GS, Low AK, Russell LD, Brown CA. Asthma: a brief overview. The American Journal of the Medical Sciences. 2002 Oct; 324(4): 174-9.
14. Duddleston DN, Blackston JW, Bouldin MJ, Brown CA. Disability examinations: a look at the Social Security Disability Income System. The American Journal of Medical Sciences. 2002 Oct; 324(4): 220-6.
15. Brown CA, Bouldin MJ, Blackston JW, Duddleston DN, Shepherd JM, Hicks GS. Hyperaldosteronism: the internist's hypertensive disease. The American Journal of Medical Sciences. 2002 Oct; 324(4): 227-31.
16. Blackston JW, Bouldin MJ, Brown CA, Duddleston DN, Hicks GS, Holman HE. Malpractice risk prevention for primary care physicians. The American Journal of Medical Sciences. 2002 Oct; 324(4): 212-9.
17. Hicks GS, Duddleston DN, Russell LD, Holman HE, Shepherd JM, Brown CA. Low back pain. The American Journal of Medical Sciences. 2002 Oct; 324(4): 207-11.
18. Brown CA. All in a day's work: an update for internists. The American Journal of Medical Sciences. 2002 Oct; 324(4): 173.
19. Andrew ME, Jones DW, Wofford MR, Wyatt SB, Schreiner PJ, Brown CA, Young DB, Taylor HA. Ethnicity and unprovoked hypokalemia in the Atherosclerosis Risk in Communities Study. American Journal of Hypertension. 2002 July; 15: 594-599.
20. Boerwinkle E, Brown CA, Carrejo M, Ferrell R, Hanis C, Hutchinson R, et al. The FBPP Investigators. Multi-Center Genetic Study of Hypertension: The Family Blood Pressure Program (FBPP). Hypertension. 2002 January; 39(1): 3-9.
21. Rudman WJ, Brown CA, Hewitt CR, Carpenter WO, Campbell B, Tubb T, Noble SL. The use of data mining tools in identifying medication error near misses and adverse drug events. Topics in Health Information Management. 2002 November; 23(2): 92-101.
22. Brown CA, Rudman WJ, Hughes GD, Rogers H, Smith JM. Addressing ambulatory medication errors in Mississippi. Topics in Health Information Management. 2002 November; 23(2): 45-56.
23. Kardia SL, Rozek, Krushkal J, Ferrell RE, Turner ST, Hutchinson R, Brown A, Sing CF, Boerwinkle E. Genome-wide linkage analyses for hypertension genes in two ethnically and geographically diverse populations. Am J Hypertension. 2003 February; 16: 154-157.
24. Hughes G, Brown CA, Rogers H, Brown D. Healthcare provider's perspective on medication errors: recognition, reporting and responsibility. Journal of General Internal Medicine. 2003 April; 18 (supp 1): 272.
25. Morrison AC, Brown CA, Kardia SL, Turner ST, Boerwinkle E. Evaluating the context-dependent effect of family history of stroke in a genome scan for hypertension. Stroke. 2003 May; 34: 1170-1175.
26. Barkley RA, Brown A, Hanis CL, Kardia SL, Turner ST, Boerwinkle E. Lack of genetic linkage evidence for a trans-acting factor having a large effect on plasma lipoprotein [a] levels in African Americans. Journal of Lipid Research. 2003 July; 44: 1301-1305.
27. Holman HE, Low AK, Bouldin MJ, Harrell K, Brown CA. Treatment of dyslipidemias in premenopausal patients. Women Health Primary Care. 2003 October; 6(10): 487-495.

28. Morrison AC, Brown CA, Kardia SL, Turner ST, Boerwinkle E. Evaluating the Context-Dependent Effect of Family History of Stroke in a Genome Scan for Hypertension. *Stroke* 2003;34:1170-1175.
29. Kardia SL, Rozek, Krushkal J, Ferrell RE, Turner ST, Hutchinson R, Brown A, Sing CF, Boerwinkle E. Genome-wide linkage analyses for hypertension genes in two ethnically and geographically diverse populations. *Am J Hypertens* February, 2003;16(2):144-7.
30. Brown CA. Book Review. Book entitled: Truth & Beauty: A Friendship. Author: Ann Patchett, Harper Collins Publishers. London . The Lancet. October, 2004;364(9453):20.
31. Brown CA, Wofford MR. A 58-year-old man with long-standing, poorly controlled hypertension and hypokalemia." *Hypertension Pearls* . Published by Hanley & Belfus, Inc., an affiliate of Elsevier. 2004 February ;4:11-14.
32. Brown CA, East HE. Book Review. Dying Well: A Guide to Enabling A Good Death. (Second Edition) Author: Julia Neuberger. Ratchcliffe Medical Press. The Lancet. September 25, 2004;364(9440):1118.
33. Brown CA, East HE. Book Review. Dancing with Broken Bones: Portraits of Death and Dying Among Inner-City Poor. Author: David Wendell Moller. Oxford University Press. The Lancet August 21, 2004;364(9435):656.
34. Daniels PR, Kardia SLR, Hanis CL, Brown CA, Hutchinson R, Boerwinkle E, Turner ST. Familial aggregation of hypertension treatment and control in the Genetic Epidemiology Network of Arteriopathy (GENOA) Study. *Am J Med* 2004 May 15;116(10):676-681.
35. Rose KM, Perry AL, Stang PE, Sanford CP, Szklo M, Brown A, Folsom AR. The association of migraine and other headaches with coronary heart disease: The Atherosclerosis Risk in Communities (ARIC) Study. *Neurology* 2004;63:2233-2239.
36. Carson AL, Rose KM, Sanford CP, Ephross SA, Stang PE, Hunt KJ, Brown CA, Szklo M. Lifetime prevalence of migraine and other headaches lasting 4 or more hours: The Atherosclerosis Risk in Communities (ARIC) Study. *Headache* 2004;44:20-28.
37. Astor BC, Arnett DK, Brown A, Coresh J. Association of Kidney Function and Hemoglobin with Left Ventricular Morphology Among African Americans: The Atherosclerosis Risk in Communities (ARIC) Study. *Am J of Kidney Dis* 2004;43(5):836-845.
38. O'Meara JG, Kardia SLR, Armon JJ, Brown CA, Boerwinkle E, Turner ST. Ethnic and Sex Differences in the Prevalence, Treatment, and Control of Dyslipidemia Among Hypertensive Adults in the GENOA Study. *Arch Int Med* 2004 June;164(12):1313-8.
39. Tang H, Quertermous T, Rodriguez B, Kardia SLR, Zhu X, Brown A, Pankow JS, Province MA, Hunt SC, Boerwinkle E, Schork NJ, Risch NJ. Genetic structure, self-identified race/ethnicity, and confounding in case-control association studies. *Am J Human Genetics* 2005;76:268-275.
40. Brown CA, Bailey JH, Miller Davis M, Garrett P, Rudman WJ. Improving Patient Safety through Information Technology. *Perspectives in Health Information Management*. Fall 2005, 2:5 (September 27, 2005).
41. Rudman WJ, Bailey JH, Hope C, Garrett P, Brown CA. The Impact of a Web-based Reporting System on the Collection of Medication Error Occurrence Data. Published in *Advances in Patient Safety: From Research to Implementation*. Agency for Healthcare Research & Quality. Rockville, MD. AHRQ Publication Nos. 050021(1-4). February, 2005;3:195-205.
42. Brown CA, Bailey JH, Lee J, Garrett PK, Rudman WJ. The Pharmacist-Physician Relationship in the Detection of Ambulatory Medication Errors. *AJMS* 331(1):22-24. January 2006.
43. Garrett P, Brown CA, Hart-Hester S, Hamadain E, Dixon C, Pierce W, Rudman WJ. Identifying Barriers to the Adoption of New Technology in Rural Hospitals: A Case Report. *Perspectives in Health Information Management*. Volume 3. October 15, 2006.
44. Rudman WJ, Bailey JH, Garrett PK, Peden A, Thomas EJ, Brown CA. Teamwork and Safety Culture In Small Rural Hospitals In Mississippi. *Patient Safety and Quality Healthcare*. 3(6):46-49. November/December, 2006.

## C. Research Support

### Ongoing Research Support

CPIMP06018-01      Jones (PI)      09/01/06-08/31/09

HHS      \$3.7 million

### **Mississippi Institute for Improvement of Geographic Minority Health Disparities**

This study is designed to address the many and significant health disparities faced by rural disadvantaged and minority populations throughout Mississippi. The program is intended to demonstrate the effectiveness and efficiency of a targeted and multifaceted statewide approach to eliminating these health disparities.

Role: Co-Director, Health Informatics Core

**1UC1HS15400-02 Brown (PI) 09/30/04-08/31/07**

**AHRQ \$1.2 million**

**Detecting Med Errors in Rural Hospitals Using Technology funded by AHRQ**

This is a multi-site study designed to help detect and report medical errors in eight rural hospital sites in Mississippi using an electronic error reporting system.

Role: PI

**Completed Research Support**

**HL70825-01 Mosley (PI) 7/01/02-12/31/06 NHLBI/NIH \$5.7 million**

**The ARIC MRI and Neurocognitive Longitudinal Study**

This is a multi-site, epidemiological study designed to quantify relationships between vascular risk factors, longitudinal change in MRI-defined cerebral abnormalities, and clinical outcomes such as stroke, TIA, and neurocognitive decline.

Role: Co-Investigator

**1U18HS11923-01 Brown (PI) 10/1/01-9/30/04 AHRQ \$3.9 million**

**Addressing Preventable Medication Use Variance in Mississippi** The major goals of this project are to: (1) identify the causes of preventable health care errors and patient injury in health care delivery; (2) develop, demonstrate, and evaluate strategies for reducing errors and improving patient safety throughout Mississippi; and (3) disseminate the results of the project's research and the strategies developed throughout the health care industry.

Role: PI

**3U18HS11923-0151 Brown (PI) 9/30/01-9/29/04**

**AHRQ \$250,000.00**

**Preventable Medication Use Variance in Mississippi (Minority Supplement)**

The major goal of this project is to see why we still continue to see disparities in patient safety among minority populations despite efforts made by the health sector to reduce the gap.

Role: PI

**D51-HP 1000-02 Doddato (PI) 1/1/02-1/1/4**

**HRSA \$297,000.00**

**Building Teams for the Future of Patient Safety**

The major goal of this project is to develop an interdisciplinary safety curriculum for the State of Mississippi's medical and advanced nursing students.

Role: Co-Investigator

**HL54463-07 Brown (PI) 9/5/95-6/30/05**

**NIH/NHLBI \$1.6 million**

**Genetic Determinants of High Blood Pressure Study (GENOA)**

The major goal of this project is to investigate genetic determinants of hypertension and cardiovascular disease.

Role: PI

**NS41558-01 Mosley (PI) 4/1/01-3/31/06**

**NIH/NINDS \$3.4 million**

**Genetics of Microangiopathic Brain Injury**

The major goal of this project is to investigate potential genetic determinants of cerebrovascular disease.

Role: Co-Investigator

## BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Susan Hart-Hester <hr/> eRA COMMONS USER NAME sharthester	POSITION TITLE Professor Department of Family Medicine		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Dallas, Irving, TX	BA	1976	Psychology
West Georgia College, Carrollton, GA	MA	1977	Psychology
University of Virginia, Charlottesville, VA	Ph.D.	1986	Special Education

### **A. Positions and Honors**

#### **Positions and Employment**

Jul., 2003-present	Professor, Department of Family Medicine
Apr., 1999-Jun., 2003 (FT)	Associate Professor, Department of Family Medicine University of Mississippi Medical Center Jackson, Mississippi
2002-present	Editorial Board, Internet Journal of Family Practice
1996-2003	Project Director, MidSouth Leadership Alliance, Inc. (MSLA) Jackson, MS
Jul., 1998-Mar., 1999 (PT)	Associate Professor, Department of Family Medicine University of Mississippi Medical Center Jackson, Mississippi
Jul., 1995-Jun., 1998 (PT)	Assistant Professor, Department of Family Medicine University of Mississippi Medical Center, Jackson, Mississippi
01//01/97-5/31/97	Adjunct Faculty, Office of Field Experiences, Department of Education and Psychology, University of Southern Mississippi, Hattiesburg, Mississippi
Mar., 1992- 1995 (PT)	Clinical Assistant Professor, Department of Family Medicine, University of Mississippi Medical Center, Jackson, Mississippi
Aug. 25, 1989 - May 1993	Instructor/Coordinator of Student Teaching. Office of Field Experiences, Department of Education and Psychology University of Southern Mississippi, Hattiesburg, Mississippi.
Aug., 1986 – Jun., 1989	Educational Technologist, Bureau of Planning and Policy, Mississippi State Department of Education, Jackson, Mississippi
Aug., 1983 - May, 1986	Graduate Assistant, Dr. Charles Heuchert and Dr. John Lloyd Department of Education, University of Virginia, Charlottesville, Virginia
May, 1983 – Aug., 1983	Assistant Director, Mt. Eagle Preschool and Nursery, Charlottesville, Virginia
Dec., 1982 - May, 1983 (PT)	Research Associate, Project conducted by Dr. Lois Weithorn, Associate Professor of Law and Psychiatry, Institute of Law & Psychiatry, University of Virginia, Charlottesville, Virginia
Dec., 1983 – Feb., 1984 (PT)	Research Consultant, Research project conducted by Dr. Bob Anderson, Diabetes Research and Training Center, University of Virginia, Charlottesville, Virginia
Aug., 1981 – Jun., 1982	Director, Early Education Center Outreach Program, Jackson, Mississippi
Sept., 1979 – Aug., 1981	Center Supervisor and Teacher/Autistic Classroom Early Education Center, Jackson, Mississippi
Aug., 1977 – Aug., 1979	Program Director, Epilepsy Foundation of Mississippi, Jackson, Mississippi

#### **Professional Memberships**

2006-present	State Variations committee for the Health Informatics Privacy and Security Collaboration (HISPC); National <i>e-health initiative</i> Secretary Leavitt, national committee chairman
1999-present	Children's Health Matters Task Force
1999- present	Autism Statewide Taskforce (TEAAM)

## **B. Selected Peer Review Publications**

1. Kauffman, J., Beirne-Smith, M., Eichberg, C., Hart-Hester, S., McCullough, L., & Williams, R. (1985). Guidelines for describing programs for behaviorally disordered children and youth. *B.C. Journal of Special Education*, 9(1), 11-17.
2. Heuchert, C., Pearl, G., & Hart-Hester, S. (Fall, 1986). Increasing the appropriate behaviors of two third-grade students with reality therapy: A pilot study. *Journal of Reality Therapy* 6(1):11-20
3. Cohen, S., & Hart-Hester, S. (1987). Time management strategies for classroom teachers. *Teaching Exceptional Children*, 20(1), 56-57.
4. Purvis, J., Stone, J., & Hart-Hester, S. (1990). State incentive characteristics. *Education*, 110(4), 506-515.
5. Hart-Hester, S., Heuchert, C., & Whittier, K. (Spring 1989). The effects of reality therapy on the behaviors of elementary students across settings. *Journal of Reality Therapy* 8(2):13-18.
6. Hart-Hester, S. & Noble, S. (1999, December). Recognition and Treatment of Childhood Autism: The Role of the Family Practitioner. *Mississippi State Medical Journal*, 377-383.
7. Hart-Hester, S. & Smith, P. (1998, August). Suicide in Mississippi - A Growing Concern. *Mississippi State Medical Journal*. 39(8): 277-281.
8. Hart-Hester, S. (2000). Strategies for successful grant acquisition. *Journal of the New York State Nurses Association*. Spring/Summer 31(1): 22-26.
9. Hart-Hester, S. & Phillips, D. (2000, July). The status of primary care in rural Mississippi. *MS State Medical Journal*, 639-646.
10. Hart-Hester, S., Arthur, C., Olutade, J., Beebe, D., & Replogle, W. (2002). Factors that influence obstetrical care by Mississippi family physicians. *Journal of the Mississippi State Medical Association*, 43(6): 173-179. Funded by AAFP.
11. Hart-Hester, S. Arthur, C. & Olutade, J. (2002). Utilization of computer technology by Family Medicine community preceptors in Mississippi. *J MS State Medical*, 2002, 43(9): 273-76.
12. Hart-Hester, S. & Thomas, C. (2003). Access to Health Care Professionals in Mississippi. *Southern Medical Journal*, February 2003, 96(2):149-154
13. Hart-Hester, S. (2003). Time managers: Secrets of effective leaders. The Internet Journal of Healthcare Administration. April, 2003. 2(1). <http://www.ispub.com/ostia/index>
14. Hart-Hester, S. (2003) Elderly suicides: A Need for Prevention. *JMSM*, 44(6):168-173
15. Hart-Hester, S. (2004). Funding Improvement. *American School Board Journal*, March, 2004; 191(3): 23-25.
16. Hart-Hester, S. Aftershock. *Family Medicine Journal*, March (38), 2006

17. Paula Garrett, PhD Andrew Brown, Susan Hart-Hester, Elgenaid Hamadain, Corey Dixon, William Pierce, & William J. Rudman. Identifying Barriers to the Adoption of New Technology in Rural Hospitals: A Case Report. Perspectives in Health Information Management, 3:9, Fall, 2006.

#### **Book Chapters:**

1. Hart-Hester, S. (2000). *Autism*. In Rakel, R., Saunders Manual of Medical Practice. W. B. Saunders: New York. 1439-1441.

#### **Abstracts in Proceeding:**

1. Hart-Hester, S. and Smith, P. (1998). Suicide in Mississippi – A growing concern. (Abstract). In the Proceedings of the American Association of Suicidology, 31<sup>st</sup> Annual Conference, Bethesda, Maryland
2. Hart-Hester, S. (1997). Strategies for successful grant acquisition. In the Proceedings of the Primary Care Research Methods and Statistics Conference. December 5-7, 1997; San Antonio, TX.
3. Hart-Hester, S., Hyde, J., Beebe, D. (2002). Variables predictive of cumulative in service exam performance among family medicine residents. *Abstract*. In the Proceedings of the Seventh Annual School of Health Related Professions Research Day, 5(2): 7. May 3, 2002.
4. Hart-Hester, S., Brown, A., Rudman, W., Fairley, K., Miller Davis, M. The impact of Using a Web-based Reporting System on Medication Error Reporting. Proceedings of the 11<sup>th</sup> Annual SHRP Research Day, April 20, 2006. 10:48.
5. Miller Davis, M. Brown, A., Rudman, W., Fairley, K., Hart-Hester, S. "Blunt End/Sharp End" Perceptions of Patient Safety Culture: A Practical Approach to Developing Performance Improvement. . Proceedings of the 11<sup>th</sup> Annual SHRP Research Day, April 20, 2006. 10:47.

#### **C. Research Support**

##### **Ongoing Research Support**

CPIMP06018-01                      Jones (PI)                      09/01/06-08/31/09  
HHS                                      \$3.7 million

##### **Mississippi Institute for Improvement of Geographic Minority Health Disparities**

This study is designed to address the many and significant health disparities faced by rural disadvantaged and minority populations throughout Mississippi. The program is intended to demonstrate the effectiveness and efficiency of a targeted and multifaceted statewide approach to eliminating these health disparities.

Role: Co-investigator

1UC1HS15400-02                      Brown (PI)                      09/30/04-08/31/07  
AHRQ                                      \$1.2 Million

##### **Detecting Med Errors in Rural Hospitals Using Technology**

This is a multi-site study designed to help detect and report medical errors in eight rural hospital sites in Mississippi using an electronic error reporting system.

Role: Co-investigator



**Account 54841                      Low (PI)                      2003-2007**  
**OWH-DHHS Contract \$150,000 annually**  
**National Center of Excellence (CoE) in Women's Health**

The Women's Health Clinic serves as the CoE's clinical care center and provides comprehensive medical care for women, regardless of their ability to pay for medical services. The clinic also provides a teaching site for interns and residents and fills a void that existed in patient care for Mississippians. The Women's Wellness Clinic serves as our second clinical site. The clinic was designed to emphasize preventive care through delivery of a comprehensive wellness package.

Role: Co-investigator

### Completed Research Support

ASHP Foundation	2001-2003
\$50,000	

## Evaluating the System of Medication Error in an In Patient Setting

This study is to evaluate the pharmacist's role in the medication error reporting system within The University Hospitals and Clinics (University of Mississippi Medical Center) in Jackson, MS.

**Role:** Co-Investigator

<b>Susan G. Komen Foundation</b>	<b>Hart-Hester (PI)</b>	<b>2001-2002</b>
<b>Breast Cancer Screening and Awareness Project</b>		<b>\$10,000</b>

This study is designed to promote breast cancer screening and awareness programs for African-American women in a rural community health center.

**Role:** Principal Investigator

1D45PE50175-02	1999-2001
DHHS	\$38,000

## Family Medicine Faculty Development-Cultural Competency

This study is designed to provide “train-the-trainer” curricular experiences for Family Medicine faculty and residents in the area of cultural competency.

**Role: Co-Principal Investigator**

**Hart-Hester (PI) 2000-2001**  
**AAFP Research Stimulation Grant \$2,647**

# The Provision of Obstetrical Services by Family Physicians in Mississippi

This grant is designed to study the provision of obstetrical services among Family Medicine physicians in the state and document physicians' perceptions as to why these services are not being provided by family physicians.

**Role: Principal Investigator**

## **APPENDIX 3**

### **Governor's Executive Order**

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March 7, 2007

## EXECUTIVE ORDER 979

### MISSISSIPPI HEALTH INFORMATION INFRASTRUCTURE TASK FORCE

WHEREAS, a presidential executive order "Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs" was issued on August 22, 2006, and President George W. Bush directed federal agencies that administer or sponsor federal health insurance programs to:

- increase transparency in pricing;
- increase transparency in quality;
- encourage adoption of health information technology ("IT") standards; and
- provide options that promote quality and efficiency in health care.

WHEREAS, the aftermath of Hurricane Katrina demonstrated the need for timely, secure and accessible health information, particularly for Mississippi's most vulnerable – elderly, disabled, and low income populations – and the potentially life-threatening effects of failure to have the information;

WHEREAS, Mississippi is coordinating a wide-range of efforts directed at recovering from Hurricane Katrina and enhancing its health care delivery system;

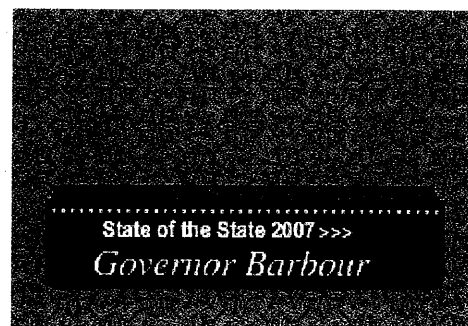
WHEREAS, a statewide health information technology infrastructure would improve the quality and reduce the cost of health care in Mississippi by:

1. Ensuring health information is available at the point of care for all individuals;
2. Reducing medical errors and avoiding duplicative medical procedures;
3. Improving coordination of care between hospitals, physicians, and other health professionals;
4. Providing consumers with their health information to encourage greater participation in their health care decisions;
5. Enhancing the confidentiality and privacy of medical information;
6. Improving public health services within the state; and
7. Furthering health care research.

WHEREAS, establishing a Mississippi Health Information Infrastructure Task Force will guide legislative and regulatory actions, encourage coordinated efforts in the private healthcare sector, further public and private task forces for the development of interstate health information infrastructure, and maximize federal financial participation to support the goal of early adoption of an interstate health information technology infrastructure;

NOW, THEREFORE, I, Haley Barbour, Governor of the State of Mississippi, by the authority vested in me by the Constitution and the Laws of this State, do hereby:

1. Create a Mississippi Health Information Infrastructure Task Force ("Task Force");
2. Direct the Task Force to review issues surrounding the creation of a statewide and inter-state health information technology infrastructure to improve the quality and safety of health care delivery in Mississippi;



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3. The Task Force shall be composed of twenty members. Members shall be appointed by the Governor and shall serve at his pleasure;
4. The Task Force shall act by a vote of the majority of its members. A quorum of at least ten members shall be required for an act of the Task Force to have effect. No member may grant a proxy for his or her vote to any other member or member designee, except with the prior approval of the Chairs. The Governor will fill by appointment any vacancy on the Task Force;
5. Provide that the Co-Chairpersons of the Task Force shall be designated by the Governor from among the Task Force's membership;
6. Direct the Task Force to develop recommendations for:
  - An overall strategy for the adoption and use of health information technology and health information exchange to improve health and health care in Mississippi;
  - Identifying the benefits and costs of a comprehensive statewide health information technology infrastructure;
  - Addressing potential technical, scientific, economic, security, privacy and other issues related to the adoption of interoperable healthcare information technology;
  - Identifying existing health information technology resources, including funding sources, to support the development of a statewide health information infrastructure;
  - Identifying technology options to realize a comprehensive health care information infrastructure;
  - Ensuring health information privacy and security in electronic health information exchange.
7. Direct all Executive branch departments, agencies, boards, and commissions and any other divisions of the Executive branch of state government to fully cooperate with the Task Force and provide staff support and any other assistance as requested;
8. Direct the Task Force to submit an Action Plan for Health Information Infrastructure to my office no later than 180 days after constituting the Task Force. This plan should detail recommended actions, staffing requirements, funding options, and key milestone dates to achieve within the next two years as stated in this Executive Order;
9. Provide that the Task Force annually report to the Governor on its plans, activities, accomplishments, and recommendations;
10. The Task Force shall continue in existence until all of its objectives are achieved, but no later than March 6, 2009, unless extended by a future Executive Order;
11. Authorize the Task Force to seek grants from government or private sources to achieve the goals and objectives set forth.

IN TESTIMONY WHEREOF, given under my hand and under the Great Seal of the State of Mississippi.

DONE in the City of Jackson, on the 7th day of March in the year of our Lord, two thousand and seven, and of the Independence of the United States of America, the two hundred and thirty-first.



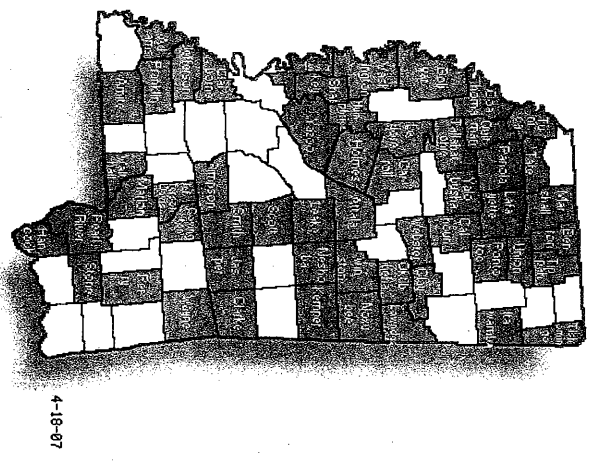
HALEY BARBOUR  
GOVERNOR

## **APPENDIX 4**

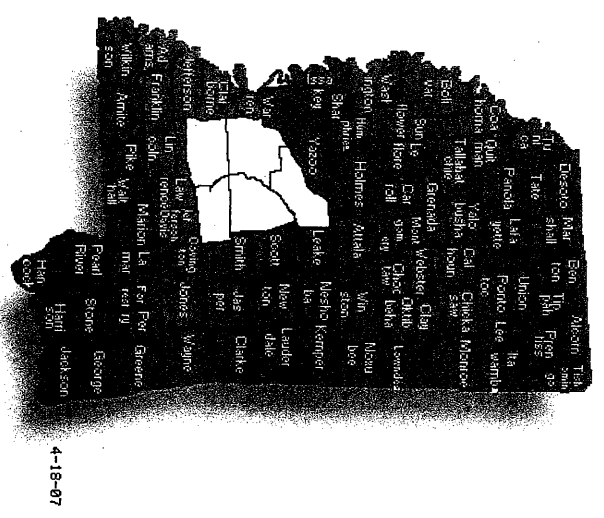
### **Health Professional Shortage Area Maps**

# Mississippi Health Providers Shortage Areas – Single Counties

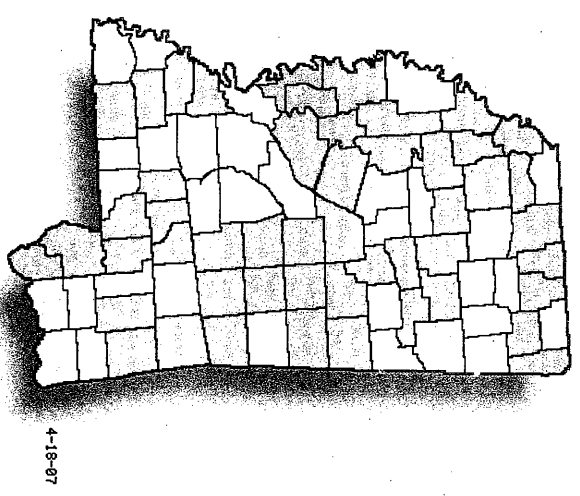
Dental



Mental Health

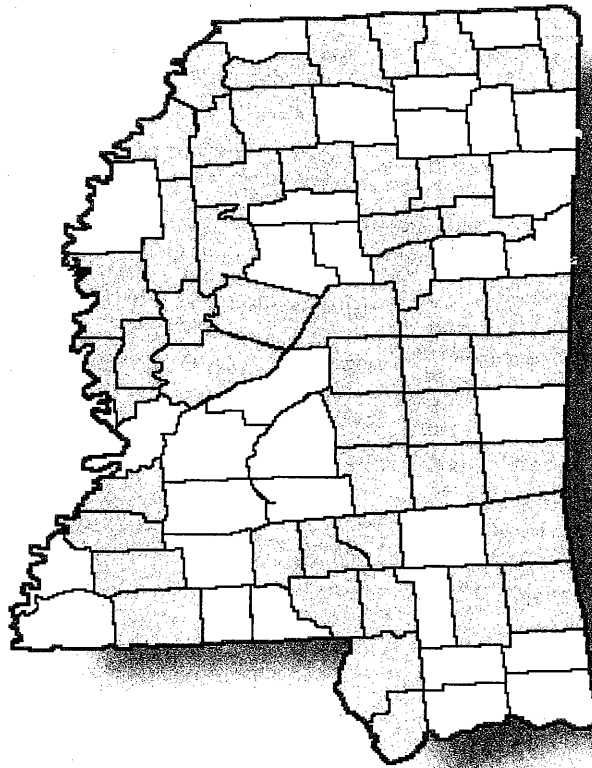


Primary Medical Care



Data source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>  
 Maps created on: <http://monarch.tamu.edu/~maps2/newmaps/ms.htm>

Health Professional Shortage Areas – Single Counties – Primary Medical Care



4-18-07

Data source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>  
Map created on: <http://monarch.tamu.edu/~maps2/newmaps/ms.htm>

## Health Professional Shortage Areas – Single Counties – Dental



4-18-07

Data source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>  
Map created on: <http://monarch.tamu.edu/~maps2/newmaps/ms.htm>

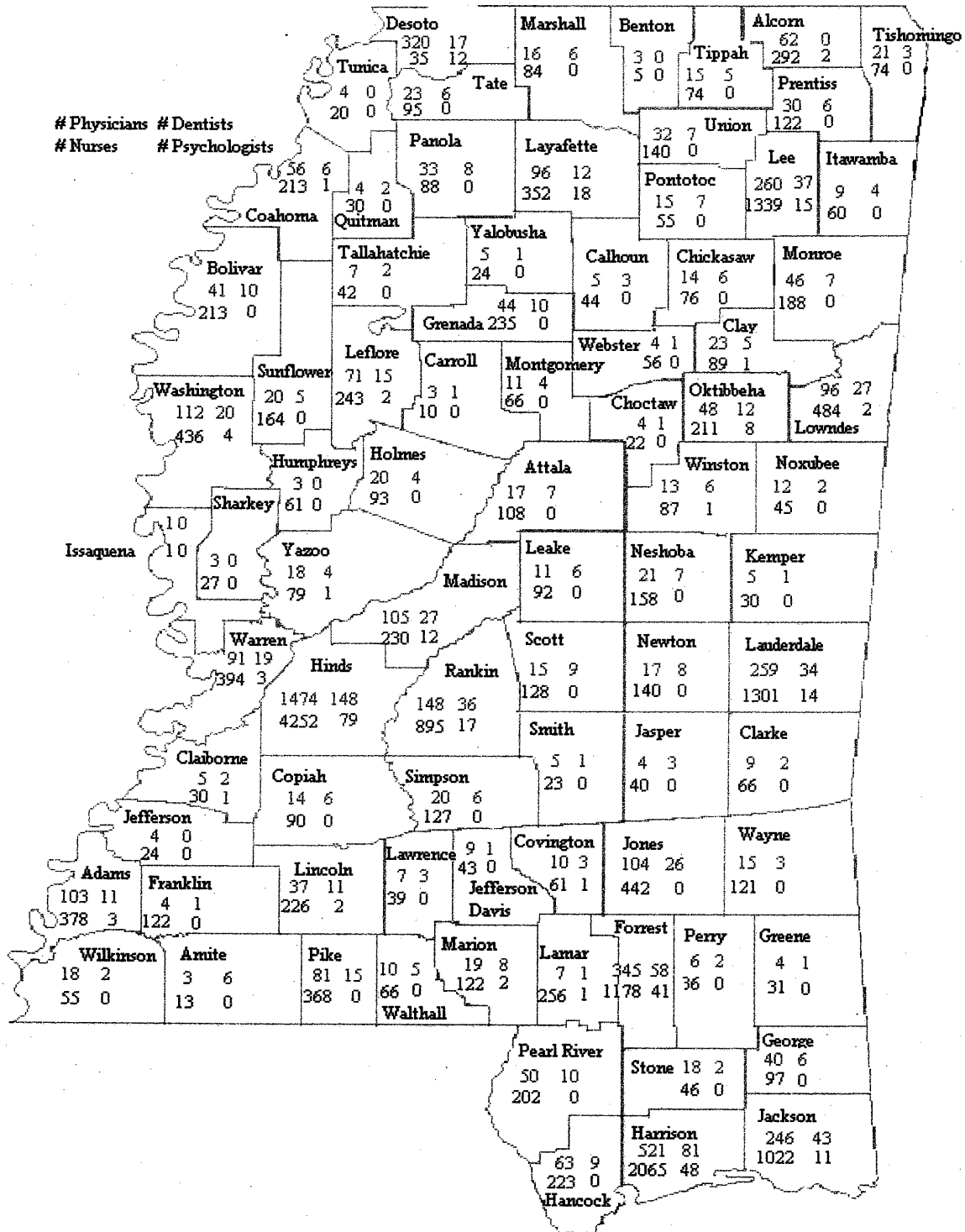


## Health Professional Shortage Areas – Single Counties – Mental Health



Data source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>  
Map created on: <http://monarch.tamu.edu/~maps2/newmaps/ms.htm>

**Figure 2: Location of Mississippi Health Care Professionals, 2001**



## **APPENDIX 5**

### **Listing of Pilot Network Participating Sites**

#### **Mississippi's Zip Codes by RUCA Codes**

Network	Facility	Address	City	County	Zip	RUCA
Rural	Tallahatchie General Hospital	201 South Market Street	Charleston	Tallahatchie	38921	7.4
Rural	North Sunflower County Hospital	840 North Oak Avenue	Ruleville	Sunflower	38771	7.4
Rural	South Sunflower County Hospital	121 East Baker Street	Indianola	Sunflower	38751	7.4
Rural	Humphreys County Memorial Hospital	500 C C Road	Belzoni	Humphreys	39038	7
Rural	Sharkey-Issaquena Community Hospital	47 South 4th Street	Rolling Fork	Sharkey	39159	10
Rural	Leake Memorial Hospital	310 Ellis Street	Carthage	Leake	39051	8
Rural	Neshoba County General Hospital	1001 Holland Avenue	Philadelphia	Neshoba	39360	8
Rural	Laird Hospital	25117 Highway 15	Union	Newton	39365	10
Telemedicine	Prentiss Regional Hospital					
Telemedicine	Claiborne County Hospital	123 McComb Avenue	Port Gibson	Claiborne	39150	10.6
Telemedicine	Magee General Hospital	300 Southeast Third Avenue	Magee	Simpson	39111	7.3
Telemedicine	Quitman County General Hospital	340 Getwell Drive	Marks	Quitman	38646	7
Telemedicine	University Hospitals and Clinics	239 Bowling Green Rd	Lexington	Holmes	39095	7
Telemedicine	Lawrence County Hospital	1066 East Broad Street	Monticello	Lawrence	39654	10.5
Telemedicine	Pioneer Community Hospital	400 South Chestnut Street	Aberdeen	Monroe	39730	7.4
Telemedicine	Humphreys County Memorial Hospital	500 C C Road	Belzoni	Humphreys	39038	7
Telemedicine	Franklin County Memorial Hospital	40 Union Church Road	Meadvile	Franklin	39653	10.5
Telemedicine	Scott Regional Hospital	317 Highway 13 South	Morton	Scott	39117	3
Telemedicine	Jefferson Davis Community Hospital	1102 Rose Street	Prentiss	Jefferson Davis	39474	10
Telemedicine	Perry County Hospital	206 Bay St	Richton	Perry	39476	10.1
Physician Clinics/Practices	Fairchild-Clearman Associates	1122 E. Main St. Ste 4	Philadelphia	Neshoba	39350-2348	8
Physician Clinics/Practices	Jeffrey Todd Willis, MD	1003 Holland Ave # 104, P.O. Box 648	Philadelphia	Neshoba	39350-2348	8
Physician Clinics/Practices	Airpark Medical Clinic	1056 Holland Ave, P.O. Box 1035	Philadelphia	Neshoba	39350-1035	8
Physician Clinics/Practices	Medical Surgical Arts	517 Center Ave	Philadelphia	Neshoba	39350	8
Physician Clinics/Practices	Gihan Naguib, MD	1122 E. Main St. Ste 6	Philadelphia	Neshoba	39350-2348	8
MS State Hospital	MSH-HQ Pearl	100 Oak Cir	Pearl	Rankin	39193	1
MS State Hospital	MSH-Cleveland	714 3rd St	Cleveland	Bolivar	38732	4
MS State Hospital	MSH-Grenad	1970 Grandview Dr	Grenada	Grenada	38901	4
Hudspeth Regional Center	HRC-Kosciusz	138 Love Rd	Kosciusko	Scott	39208	7
Hudspeth Regional Center	HRC-Morton	3868 Hwy 80	Morton	Whitfield	39117	3
Hudspeth Regional Center	HRC-Whitfield	100 Hudspeth Center Dr	Whitfield	Rankin	39208	1
Ellisville State School	ESS-HQ Ellisv	Hwy 11 S. Building 900	Ellisville	Jones	39437	4
Ellisville State School	ESS-Summit	4759 Hwy 589	Summit	Lamar	39482	2
Ellisville State School	ESS-Prentiss	1020 Berry St	Prentiss	Jefferson Davis	39474	10
North MS Regional Center	NMR-HQ Oxford	967 Regional Center	Oxford	Desoto	38632	5
North MS Regional Center	NMR-Herman	752 Mount Pleasant Rd	Hernando	Alcorn	38634	4
North MS Regional Center	NMR-Corinth	1802 Road 101	Corinth	Laurel	39440	4
South MS State Hospital	SMH-Laurel	914 West Dr	Purvis	Bolivar	38732	4
South MS State Hospital	SMH-Purvis	823 Hwy 589	Cleveland	Lee	38804	4
South MS State Hospital	SMH-Cleveland	714 3rd St	Tupelo	Alcorn	38834	4
North MS State Hospital	NMH-Tupelo	1927 Briar Ridge Rd	Corinth	Panola	38606	7
North MS State Hospital	NMH-Corinth	1000 State Dr	Batesville	Simpson	39111	7.3
North MS State Hospital	NMH-Batesv	120 Randy Hendrix Dr	Magee	Copiah	39191	6
Boswell Regional Center	BOS-HQ Magee	1049 Simpson Hwy 149	Magee	Simpson	39111	7.3
Boswell Regional Center	BOS-Wesson	1080 E Railroad St	Magee	Newton	39345	7
Central MS Residential Center	CMR-Newton1	228 Hwy 545	Magee	Newton	39307	4
East MS State Hospital	EMS-HQ Meridi	312 College Ave	Meridian	Lauderdale	39307	4
East MS State Hospital	EMS-Meridi	4555 Highland Park Dr	Meridian	Lauderdale	39307	4
South MS Regional Center	SMR-Wiggins1	825 Hwy 19 N	Wiggins	Stone	38677	9.1
South MS Regional Center	SMR-Wiggins1	508 Stepp St	Wiggins	Stone	38677	9.1

South MS Regional Center	SMR-HQ Longbe	1170 Railroad St	Long Beach	Harrison	39560	1
South MS Regional Center	SMR-Gautier2	618 De LaPointe Dr	Gautier	Jackson	38632	2
Mental Health HQ	Fiber	239 North Lamar	Jackson	Hinds	39201	1
Department of Health		North State Street	Jackson	Hinds	39216	1
DOH - District 1	DHP-D1Batesv	240 Tower Rd	Batesville	Parola	38606	7
DOH - District 4	DHP-D4Starkv	732 Whitfield St	Starkville	Oktibbeha	39760	4
DOH - District 6	DHP-D6Merdi	3128 Eighth St	Meridian	Lauderdale	39302	4
DOH - PIMS Desoto County	DHP-D6Merdi	6569 Cockrum Rd	Olive Branch	Desoto	38654	1
DOH - PIMS Holmes County	DHP-Lexing	106 Westwood Ave	Lexington	Holmes	39095	7
DOH - WIC Natchez	DHW-Natchez	36 Columbia John Pitchford Pkwy	Natchez	Adams	39120	4
DOH - WIC Rolling Fork	DHW-Rollin	600 Walnut St	Rolling Fork	Sharkey-Issaquena	39159	10
DOH - WIC Iuka	DHW-Iuka	1250 Bettydale Dr	Iuka	Tishomingo	38852	6
DOH - WIC Prentiss	DHW-Prenti	675 S Columbia Ave	Prentiss	Prentiss	39474	10
University Medical Center	UMMC	2500 N. State Street	Jackson	Hinds	39216	1
	Medical Mail		Jackson	Hinds		1
Community Health Centers	MPHQA Host	6400 Lakeover Road, Suite A	Jackson	Hinds	39213	
Community Health Centers	Aaron E. Henry Comm. Health	800 Ohio Avenue	Clarksdale	Coahoma	38614	4
Community Health Centers	Central MS Health Services	1134 Winter Street	Jackson	Hinds	39204	1
Community Health Centers	Delta Health Center	702 Martin Luther King	Mound Bayou	Bolivar	38762	5
Community Health Centers	Family Health Center	117 South 11th Avenue	Laurel	Jones	39440	4
Community Health Centers	Greene Area Medical Extenders	1616 Williams Drive	Leakesville	Greene	39451	10
Community Health Centers	Mantachie Rural Health Care	5500 Highway 363	Mantachie	Itawamba	38855	5
Community Health Centers	Northeast MS Health Care	12 East Brunswick Avenue	Byhalia	Marshall	38611	2
Community Health Centers	ACCCESS Family Health Services	63420 Highway 25 North	Smithville	Monroe	38870	8
Community Health Centers	Clabome Co. Family Health	2045 Highway 61 North	Port Gibson	Clabome	39150	10.6
Community Health Centers	East Central MS Health	1490 Highway 487	Sebastopol	Scott	39359	8
Community Health Centers	G.A. Carmichael Family Health	1668 West Peace Street	Canton	Madison	39046	2
Community Health Centers	Jackson-Hinds Comprehensive	3502 West Northside Drive	Jackson	Hinds	38207	1
Community Health Centers	Mallory Community Health	17280 Highway 17 South	Lexington	Holmes	39046	2
Community Health Centers	Outreach Health Services	130 N. High Street	Shubuta	Clarke	39360	10
Community Health Centers	Southeast MS Rural Health	5488 U.S. Hwy 49	Hattiesburg	Forrest	39403	1
Community Health Centers	Amite Co. Med. Services	138 Clinic Drive	Liberty	Amite	39645	10.5
Community Health Centers	Coastal Family Health Center	1046 Division Street	Biloxi	Harrison	39533	1
Community Health Centers	Family Health Care Clinic	1551 West Government Street	Brandon	Rankin	39288	1
Community Health Centers	Greater Meridian Health Clinic	2701 Davis Street	Meridian	Lauderdale	39301	4
Community Health Centers	Jefferson Comprehensive Health	225 Community Drive	Fayette	Jefferson	39069	9
Community Health Centers	North Benton Co. Health Care	15921 Boundary Drive	Ashland	Benton	38603	10.4
Community Health Centers	Southwest Health Agency	101 Hosital Drive	Tylertown	Walthall	39667	10



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## RUCA DATA: VERSION 2

## ■ Instructions for downloading 2004 ZIP data

The 2004 ZIP RUCA Code files for the nation and for each individual state are stored as compressed tab-delimited text files.

To download the files on to a Windows PC , right click on the link (below) and select "Save Target As"(Microsoft IE) or "Save Link Target As" (Netscape) and choose the save folder on your local machine.

To download the files on to a Macintosh , click and hold on the link (below) until a menu appears select "Download Link to Disk"(Microsoft IE) or "Save this Link As" (Netscape) and choose the save folder on your local machine.

The files can be uncompressed using free tools such as Winzip on the PC (click here to download utility) or Stuffit Expander on the Mac (click here to download the utility).

The national file contains 41,928 cases. For information on the variables in the download files, see the documentation. For more information on the codes, see the code definitions.

## Click on a state to download data

NATIONAL FILE	Georgia	Massachusetts	New York	Texas
Alabama	Hawaii	Michigan	North Carolina	Utah
Alaska	Idaho	Minnesota	North Dakota	Vermont
Arizona	Illinois	Mississippi	Ohio	Virginia
Arkansas	Indiana	Missouri	Oklahoma	Washington
California	Iowa	Montana	Oregon	West Virginia
Colorado	Kansas	Nebraska	Pennsylvania	Wisconsin
Connecticut	Kentucky	Nevada	Rhode Island	Wyoming
Delaware	Louisiana	New Hampshire	South Carolina	
D.C.	Maine	New Jersey	South Dakota	Puerto Rico (under construction)
Florida	Maryland	New Mexico	Tennessee	

## ■ 2006 ZIP Version 2.0 Codes

[Click here for the 2006 data.](#)



updated 05.25.06

Dr. Robert Galli  
UMMC  
Jackson, MS

FCC Pilot Program: WC Docket Number : 02-60

## **APPENDIX 6**

### **Mississippi Department of Health Districts**

PREVENTION • PROTECTION • INFORMATION

## Mississippi Department of Health

Governor State Board of Health State Health Officer

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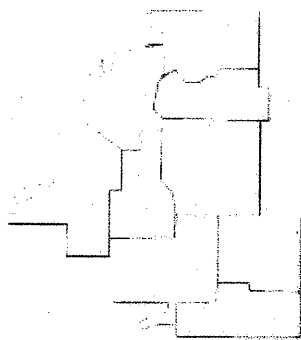
Information Desk

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Services &amp; Programs

## Public Health District 1



## Public Health District 1 – Northwest

Coahoma  
DeSoto  
Grenada  
Panola  
Quitman

Tate  
Tallahatchie  
Tunica  
Yalobusha

Alfio Rausa, M.D.  
District Medical Director

Diane W. Hargrove  
District Administrator

240 Tower Drive  
Batesville, MS 38606  
Telephone: (662) 563-5603  
District I Office

Records &amp; Statistics

Regulation &amp; Licensure

## Administrative

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State Health Plan

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Family Planning

Child Health (EPSDT)

Children's Medical Program

Hypertension (High blood pressure)

Early Intervention (First Steps)

Perinatal (PHRM)

Tuberculosis

HIV Screening

WIC

Immunization

Sexually-transmitted Diseases

Pregnancy Testing

## WIC Distribution Centers

	Address	Phone	Fax	Days Open
Coahoma	521 Medical Drive, Clarksdale	662-627-3511	662-627-1959	5
DeSoto	1939 Oak Tree Lane, Hernando	662-449-0807	662-459-6751	5
Grenada	52 Cherry St, Grenada	662-226-1047	662-226-1003	5
Panola	365 Hwy 51 South, Batesville	662-563-4549	662-561-4169	5
Quitman	201 Cherry St, Marks	662-326-4855	662-326-4843	5
Tallahatchie (Charleston)	305 N. Waverly, Charleston	662-647-3475	662-647-3450	5
Tallahatchie (Sumner)	126 North St., Sumner	662-375-8637	662-375-8648	5
Tate	470 Scott Street, Senatobia	662-562-7121	662-562-7138	5
Tunica	1295 W. Edward Ave., Tunica	662-363-3910	662-363-3953	5
Yalobusha	220 Blackmur Dr., Water Valley	662-473-2274	662-473-4376	5

## Coahoma

## Coahoma County Health Department

P. O. Box 128  
1805 Cheryl Street





Clarksdale, MS 38614

**Phone:** 662-624-8318 [Map](#)

**Open:** Open Tuesday and Thursday only

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

## DeSoto

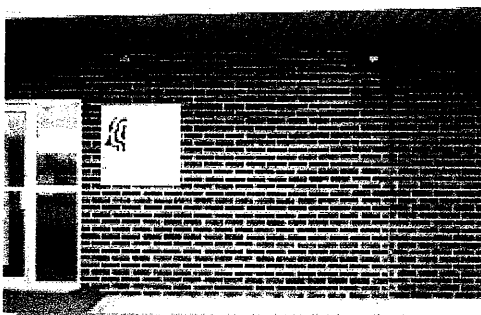


**DeSoto County Health Department**  
Hernando Office

2705 Highway 51 South  
Hernando, MS 38632

**Phone:** 662-429-9814 [Map](#)

**Open:** Monday - Friday



**DeSoto County Health Department**  
Olive Branch Clinic

6569 Cockrum Rd, Bldg. A, Suite 2  
Olive Branch, MS 38654

**Phone:** 662-895-3090 [Map](#)

**Open** Monday - Friday

## Grenada



**Grenada County Health Department**

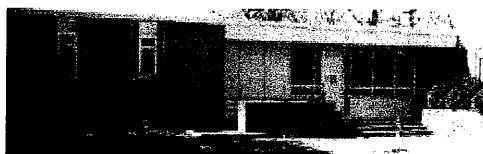
1241 South Mound Street Suite A  
Grenada, MS 38901

**Phone:** 662-226-3711 [Map](#)

**Open:** Tuesday, Wednesday, and Friday

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

## Panola



**Panola County Health Department**

381 Highway 51 South  
Batesville, MS 38606

**Phone:** 662-563-4616    Map

**Open:** Monday - Friday

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

**Quitman**



**Quitman County Health Department**

P.O. Box H  
235 Chestnut Street  
Marks, MS 38646

**Phone:** 662-326-2861    Map

**Open:** Monday, Wednesday, Friday

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

**Tallahatchie**



**Tallahatchie County Health Department**  
Charleston office

209 South Pleasant Street  
Charleston, MS 38921

**Phone:** 662-647-3404    Map

**Open:** Monday and Friday. Also open on the  
fourth Thursday of the month.

**Also:** Environmental Services (Food service permits, water sampling, wastewater)



**Tallahatchie County Health Department**  
Sumner Clinic

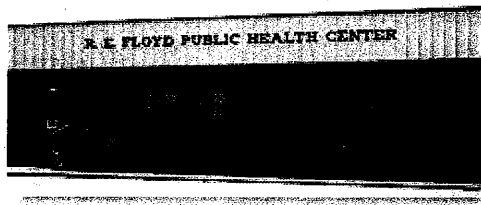
208 Wilson Street  
Sumner, MS 38957

**Phone:** 662-375-8345    Map

**Open:** Tuesday and Wednesday. Also open on  
the first and third Thursdays of the month.

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

## Tate



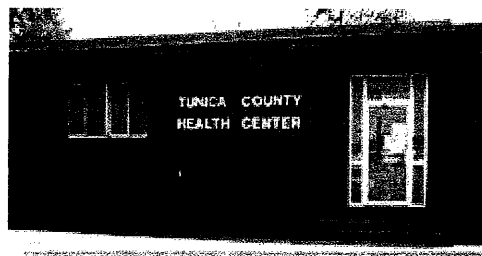
### Tate County Health Department

309 South Scott Street  
Senatobia, MS 38668

**Phone:** 662-562-4428 **Map** **Open:** Monday - Friday

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

## Tunica



### Tunica County Health Department

1165 Highway 61 North  
Tunica, MS 38676

**Phone:** 662-363-2166 **Map**  
**Open:** Tuesday and Wednesday

**Also:** Environmental Services (Food service permits, water sampling, wastewater)

## Yalobusha

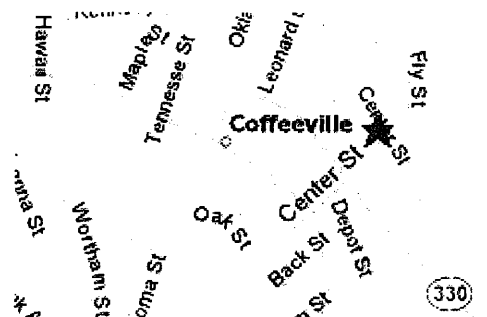


### Yalobusha County Health Department Water Valley Clinic

209 Simmons Street  
Water Valley, MS 38965

**Phone:** 662-473-1424 **Map**  
**Open:** Monday and Tuesday. Also open on the second Thursday of the month.

**Also:** Environmental Services (Food service permits, water sampling, wastewater)



### Yalobusha County Health Department Coffeetown Clinic

719 Center Street  
Coffeetown, MS 38922

**Phone:** 662-675-9453 **Map**  
**Open:** Second and fourth Tuesday of each month.

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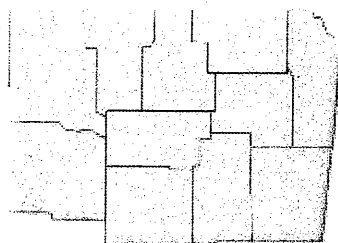
## Public Health District 2

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## Public Health District 2 – Northeast

Alcorn  
Benton  
Itawamba  
Lafayette  
Lee  
Marshall

Pontotoc  
Prentiss  
Tippah  
Tishomingo  
Union

Robert Trotter, M.D.  
District Medical Director

Roger Riley  
District Administrator

District 2 Office  
532 S. Church St. -  
P.O. Box 199  
Tupelo, MS 38802  
Telephone: (662) 841-9015

## Services

Family Planning  
Child Health (EPSDT)  
Children's Medical Program  
Environmental Health  
Tuberculosis

Maternity  
Perinatal (PHRM)  
STDs  
Health Education

WIC  
Immunization  
Early Intervention (First Steps)  
Social Work

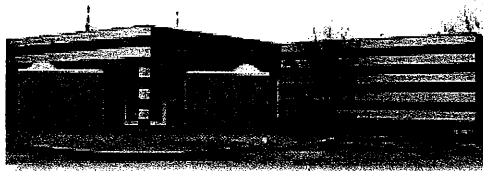
## WIC Distribution Centers

	Address	Phone	Fax	Days Oper
Alcorn	501 Pinecrest, Corinth	662-287-9442	662-287-9463	5
Benton	16025 Boundary, Ashland	662-224-3335	662-224-3377	5
Itawamba	907 S. Adams, Fulton	662-862-4686	662-862-4698	5
Lafayette	1204 Pleasant Dr., Oxford	662-234-2060	662-234-2402	5
Lee	578 Carnation, Tupelo	662-844-4170	662-844-4187	5
Marshall (Holly Springs)	690 H 4 East, Holly Springs	662-252-5246	662-252-5265	5
Marshall (Byhalia)	8478 Hwy 178 West, Byhalia	662-838-4911	662-838-4441	5
Pontotoc	379 E. Oxford, Pontotoc	662-489-6169	662-489-6136	5
Prentiss	2405 E. Chambers Booneville	662-728-3212	662-728-3558	5
Tippah	559 E. Walnut, Ripley	662-837-3837	662-837-3623	5
Tishomingo	1250 Bettydale, Iuka	662-423-3148	662-423-3187	5
Union	814 Hwy 348, New Albany	662-534-4131	662-534-4115	5

## Alcorn

## Alcorn County Health Department

3706 Jo Ann Drive  
Route 10, Box 16



Corinth, MS 38834

**Phone:** 662-287-6121 [Map](#)

**Open:** Monday - Friday

## Benton



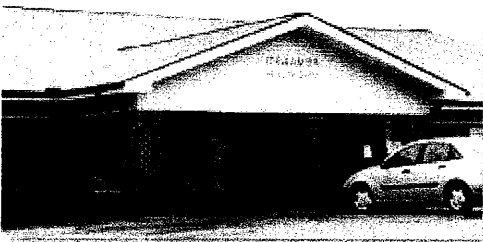
### Benton County Health Department

105 Third Street  
Ashland, MS 38603

**Phone:** 662-224-6442 [Map](#)

**Open:** Monday - Thursday. Closed Fridays.

## Itawamba



### Itawamba County Health Department

110 Crane Street  
P. O. Box 626  
Fulton, MS 38843

**Phone:** 662-862-3710 [Map](#)

**Open:** Monday - Friday

## Lafayette



### Lafayette County Health Department

101 Veterans Drive  
P. O. Box 1395  
Oxford, MS 38655

**Phone:** 662-234-5231 [Map](#)

**Open:** Monday - Friday. No nurse on Wednesdays.

## Lee

### Lee County Health Department

532 South Church Street  
P. O. Box 408  
Tupelo, MS 38802

**Phone:** 662-841-9096 [Map](#)



**Open:** Monday - Friday

## Marshall



### Marshall County Health Department

225 South Market  
P. O. Box 340  
Holly Springs, MS 38635

**Phone:** 662-252-4621    [Map](#)

**Open:** Monday - Friday

## Pontotoc



### Pontotoc County Health Department

341 Ridge Road  
P. O. Box 1148  
Pontotoc, MS 38863

**Phone:** 662-489-1241    [Map](#)

**Open:** Monday - Friday

## Prentiss



### Prentiss County Health Department

615 East Parker Drive  
Booneville, MS 38829

**Phone:** 662-728-3518    [Map](#)

**Open:** Monday - Friday

## Tippah

### Tippah County Health Department

129 Hospital Street  
Ripley, MS 38663



**Phone:** 662-837-3215 [Map](#)  
**Open:** Monday - Friday

### Tishomingo



#### **Tishomingo County Health Department**

1508 Bettydale Drive  
Iuka, MS 38852

**Phone:** 662-423-6100 [Map](#)  
**Open:** Monday - Friday

### Union



#### **Union County Health Department**

252 Carter Avenue  
New Albany, MS 38652

**Phone:** 662-534-1926 [Map](#)  
**Open:** Monday - Friday

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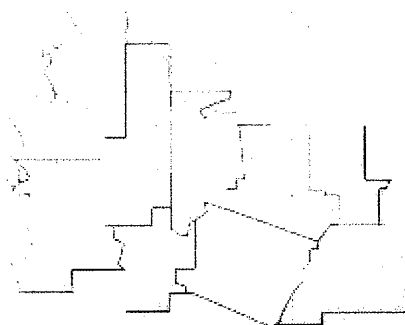
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## Public Health District 3 – Delta / Hills

Attala  
Bolivar  
Carroll  
Holmes  
Humphreys

Leflore  
Montgomery  
Sunflower  
Washington

Alfio Rausa,  
MD  
District  
Medical  
Director

Diane W.  
Hargrove  
District  
Administrator

**District 3  
Office**  
701 Yalobush  
Street  
Greenwood,  
MS 38930  
Telephone:  
(662) 453-  
4563

## Services

Family Planning

Child Health (EPSDT)

Children's Medical Program

Children's Health Insurance

Tuberculosis

Maternity

Perinatal (PHRM)

STDs

Breast &amp; Cervical Cancer

Hypertension (High blood pressure)

WIC

Immunization

Early Intervention (First Steps)

Social Work

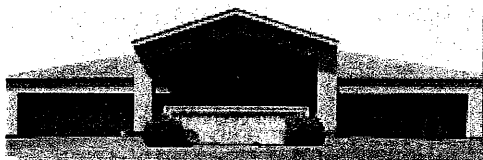
Diabetes control

## WIC Distribution Centers

	Address	Phone	Fax	Days Oper
Attala	312 N. Wells, Kosciusko	662-289-5569	662-289-5493	5
Bolivar – Cleveland	416 ½ First St., Cleveland	662-843-9476	662-843-9476	5
Bolivar – Rosedale	503 Bruce St., Rosedale	662-759-3063	662-759-3085	5
Carroll	108 Main St. N., Carrollton	662-237-6918	662-237-6978	Tu, Th
Holmes	318 Yazoo, Lexington	662-834-2140	662-834-2181	5
Humphreys	312 W. Jackson, Belzoni	662-247-3534	662-247-3569	5
Leflore	2600 Browning, Greenwood	662-453-2119	662-459-9773	5
Montgomery	112 N. Applegate, Winona	662-283-3694	662-283-3682	5
Sunflower – Indianola	126 Second St., Indianola	662-887-5986	662-887-5951	5
Sunflower – Ruleville	1100 W Harrison, Ruleville	662-756-2084	662-756-2064	M, Th, F
Washington – Greenville	1700 E. Union St., Greenville	662-332-0726	662-332-0719	M, Th, F
Washington – Leland	112 East Third St, Leland	662-686-4033	662-686-4059	M, Th, F



### Attala



#### Attala County Health Department

999 Martin Luther King Drive (North Wells Street)  
Kosciusko MS 39090

**Phone:** 662-289-2351 [Map](#)

**Open:** Monday - Friday

### Bolivar

#### Bolivar County Health Department Cleveland Clinic

711 Third Street  
Cleveland, MS 38732

**Phone:** 662-843-2706 [Map](#)

**Open:** Monday - Friday

#### Bolivar County Health Department Rosedale Clinic

1006 Dr. Martin Luther King Jr  
P.O. Box 446  
Rosedale, MS 38769

**Phone:** 662-759-3361

**Open:** Tuesday and Friday (except 5<sup>th</sup> day of a month)

### Carroll



#### Carroll County Health Department

Grenada Road  
North Carrollton, MS 38947

**Phone:** 662-237-9224 [Map](#)

**Open:** Tuesday, Thursday, and Friday

### Holmes

**Holmes County Health Department**

106 Westwood Avenue  
Lexington, MS 39095

**Phone:** 662-834-3142 [Map](#)

**Open:** Monday - Friday

**Humphreys**



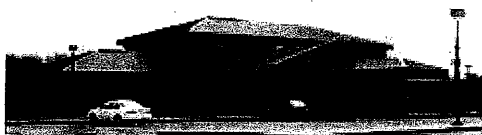
**Humphreys County Health Department**

107 South Hayden Street  
Belzoni, MS 39038

**Phone:** 662-247-1861 [Map](#)

**Open:** Monday - Friday

**Leflore**



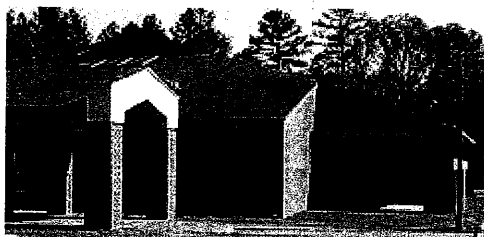
**Leflore County Health Department**

2600 Browning Road  
Greenwood, MS 38930

**Phone:** 662-453-0284 [Map](#)

**Open:** Monday - Friday

**Montgomery**



**Montgomery County Health Department**

707 Alberta Drive  
Winona, MS 38967

**Phone:** 662-283-3655 [Map](#)

**Open:** Monday - Friday

**Sunflower**



**Sunflower County Health Department**

412 Highway 49 South  
Indianola MS 38751

**Phone:** 662-887-4951 [Map](#)

**Open:** Monday - Friday

## Washington



### Washington County Health Department

1633 Hospital Street  
Greenville, MS 38701

**Phone:** 662-332-8177   [Map](#)

**Open:** Monday - Wednesday and Friday.  
**Closed** on Thursdays.

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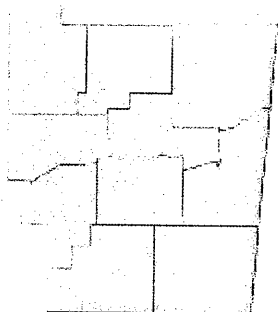
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## Public Health District 4 – Tombigbee

Calhoun  
Chickasaw  
Choctaw  
Clay  
Lowndes

Monroe  
Noxubee  
Oktibbeha  
Webster  
Winston

Robert Trotter, M.D.  
District Medical Director

Tommy Williams  
District Administrator

**District 4 Office**  
732 Whitfield St. - P.O.  
Box 1487  
Starkville, MS 39760  
Telephone: (662) 323-7313

## Services

Family Planning  
Child Health (EPSDT)  
Children's Medical Program  
Children's Health Insurance  
Tuberculosis

Maternity  
Perinatal (PHRM)  
**STDs**  
Breast & Cervical Cancer  
Hypertension (High blood pressure)

WIC  
Immunization  
Early Intervention (First Steps)  
Social Work  
Diabetes control

## WIC Distribution Centers

	Address	Phone	Fax	Days Open
Calhoun	107 E. Main St., Pittsboro	662-412-2555	662-412-2557	5
Chickasaw – Houston	210-A N. Monroe, Houston	662-456-5446	662-456-5236	5
Chickasaw – Okolona	400 North Church, Okolona	662-447-3686	662-447-3674	M, Tu, Ti
Choctaw	234 Hwy. 15 N., Ackerman	662-285-6030	662-285-2032	M, Tu, Ti
Clay	1342 N. Eshman Ave., West Point	662-494-4771	662-494-4738	5
Lowndes	124 13th Street N, Columbus	662-328-7809	662-241-7682	5
Monroe – Aberdeen	Aberdeen, MS	662-369-8580	662-369-8572	5
Monroe – Amory	403 S. Main St., Amory	662-256-8833	662-256-3989	5
Noxubee	205 W. Green St., Macon	662-726-2466	662-726-2410	5
Oktibbeha	1203 Highway 25 S., Starkville	662-324-0171	662-324-9615	5
Webster	200 Mississippi Street, Eupora	662-258-8592	662-258-4230	M,W,F
Winston	305 Vance St., Louisville	662-773-8571	662-773-4658	5

## Calhoun

Calhoun County Health Department

235 South Murphree Street



### **Chickasaw**

P.O. Box 59  
Pittsboro, MS 38951

**Phone:** 662-412-3260 [Map](#)  
**Open:** Monday - Friday

#### **Chickasaw County Health Department Houston Clinic**

332 North Jefferson Street  
Houston, MS 38851

**Phone:** 662-456-3737 [Map](#)  
**Open:** Monday - Friday

#### **Chickasaw County Health Department Okolona Clinic**

East Main Street  
P.O. Box 47  
Okolona, MS 38860

**Phone:** 662-447-5492 [Map](#)  
**Open:** Monday, Tuesday, and Thursday

### **Choctaw**

#### **Choctaw County Health Department**

123 Chester Street  
Ackerman, MS 39735

**Phone:** 662-285-6213 [Map](#)  
**Open:** Monday - Friday

### **Clay**

#### **Clay County Health Department**

218 West Broad Street  
West Point, MS 39773

**Phone:** 662-494-4514 [Map](#)

**Open:** Monday - Friday

## Lowndes

### Lowndes County Health Department

1112 Military Road  
Columbus, MS 39701

**Phone:** 662-328-6091 [Map](#)

**Open:** Monday - Friday

## Monroe



### Monroe County Health Department Amory Clinic

1300 Highway 25 South  
Amory, MS 38821

**Phone:** 662-256-5341 [Map](#)

**Open:** Monday - Friday



### Monroe County Health Department Aberdeen Clinic

307 E. Jefferson Street  
Aberdeen, MS 39730

**Phone:** 662-369-8132 [Map](#)

**Open:** Monday - Friday

## Noxubee

### Noxubee County Health Department

480 West Pearl  
Macon, MS 39341

**Phone:** 662-726-4451 [Map](#)

**Open:** Monday - Friday

## Oktibbeha

### Oktibbeha County Health Department

203 Yates Street  
Starkville, MS 39759

**Phone:** 662-323-4565 [Map](#)  
**Open:** Monday - Friday

## Webster

### Webster County Health Department

319 East Gould  
Eupora, MS 39744

**Phone:** 662-258-3761 [Map](#)  
**Open:** Monday - Friday

## Winston



### Winston County Health Department

260 Vance Street  
Louisville, MS 39339

**Phone:** 601-773-8087 [Map](#)  
**Open:** Monday - Friday

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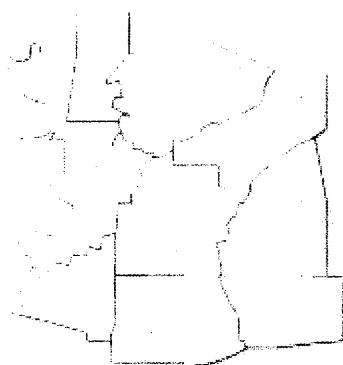
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## Public Health District 5 – West Central

Claiborne

Copiah

Hinds

Madison

Rankin

Simpson

Sharkey-

Issaquena

Warren

Yazoo

Mary-Gayle Armstrong,  
M.D.

District Medical Director

Kevin Pearson

District Administrator

## District 5 Office

5963 I-55 N. - P.O. Box  
1700

Jackson, MS 39215

Telephone: 601-978-7864

## Services in All Locations

Family Planning

Child Health (EPSDT)

Children's Medical Program

Pre-marital blood tests

Perinatal (PHRM)

Tuberculosis

WIC

Immunization

Early Intervention (First Steps)

## WIC Distribution Centers

	Address	Phone	Fax	Days Open
Claiborne	226 Carroll St., Port Gibson	601-437-8793	601-437-8793	5
Copiah	640 Georgetown, Hazlehurst	601-894-4300	601-894-4312	5
Hinds – Jackson	350 W. Woodrow Wilson	601-961-4719	601-354-6539	5
Hinds – Raymond	304 Raymond/Clinton Rd	601-857-8287	601-857-8257	5
Hinds – Utica	Hwy 27 North, Utica	601-885-9693	601-885-9693	Tu, W, F
Hinds – So. Jackson	3276 Lynch Street, Jackson	601-969-5730	601-969-5729	5
Madison	722 ½ E. Peace St., Canton	601-859-1717	601-859-3122	5
Rankin	Fairmont Plaza, #149, Pearl	601-939-0450	601-939-0245	5
Sharkey-Issaquena	600 Walnut St., Rolling Fork	662-873-4428	662-873-4428	5
Simpson	206 E. Jackson, Mendenhall	601-847-1300	601-847-1392	5
Warren	809 Walnut Street, Vicksburg	601-636-5831	601-636-5831	5
Yazoo	NW Plaza, H. 49W, Yazoo	662-746-2484	662-746-2419	5

## Claiborne



## Claiborne County Health Department

902 S. Market Street

Port Gibson, Mississippi 39150

Phone: 601-437-5184 Map



**Open:** Monday, Wednesday, Friday

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

## Copiah



### Copiah County Health Department

640 Georgetown Road  
Hazlehurst, Mississippi 39083

**Phone:** 601-894-2271 [Map](#)

**Open:** Monday - Friday

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

## Hinds



### Hinds County Health Department

350 W. Woodrow Wilson  
Suite 411  
Jackson, Mississippi 39213

**Phone:** 601-364-2666 [Map](#)

**Open:** Monday - Friday

**Additional services:** Breastfeeding Program • Maternity • First Steps • TB Clinic • Immunizations for international travel •

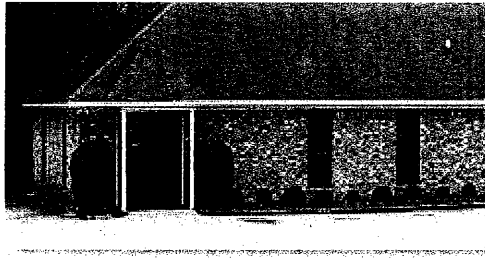


### Hinds County Health Department

Five Points Clinic  
Jackson Medical Mall  
350 W. Woodrow Wilson  
Suite 411A  
Jackson, Mississippi 39213

**Phone:** 601-978-6728 [Map](#)

**Additional services:** Sexually-transmitted Diseases



**Hinds County Health Department**  
Clinton Clinic

408 Cynthia Street  
Clinton, Mississippi 39056

**Phone:** 601-924-6012 [Map](#)  
**Open:** Monday - Friday (Limited services)

**Additional services:** Breastfeeding Program

**Madison**



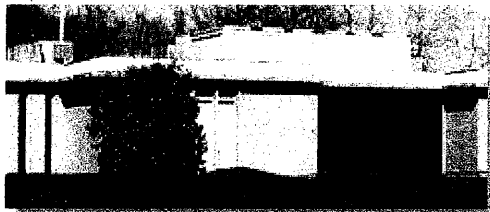
**Madison County Health Department**

317 North Union Street  
Canton, Mississippi 39046

**Phone:** 601-859-3316 [Map](#)  
**Open:** Monday - Friday

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

**Rankin**



**Rankin County Health Department**

100 Tamberlin Street  
Brandon, Mississippi 39042

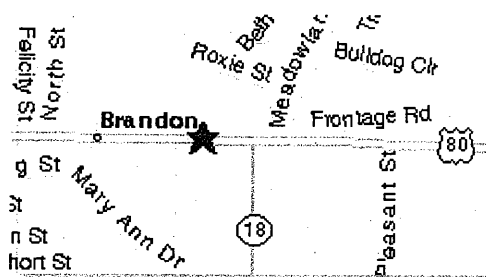
**Phone:** 601-825-2141 [Map](#)  
**Open:** Monday & Wednesday - 8:00 A.M. until 5:00 P.M.  
Tuesday & Thursday - 8:00 A.M. until 7:00 P.M.  
Friday - 8:00 A.M. until Noon

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

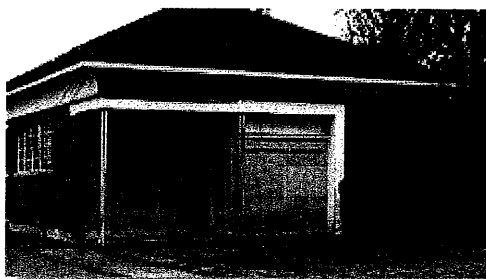
**Rankin County Environmental Office**

305 East Government  
Brandon, Mississippi 39042

**Phone:** 601-824-2564 [Map](#)  
**Open:** Monday - Friday



### Sharkey-Issaquena



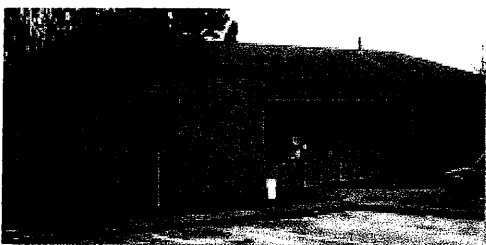
#### Sharkey-Issaquena County Health Department

297 Race Street  
Rolling Fork, Mississippi 39159

**Phone:** 662-873-6202 [Map](#)  
**Open:** Monday, Tuesday and Thursday

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

### Simpson



#### Simpson County Health Department

405 N. Main Street  
Mendenhall, Mississippi 39114

**Phone:** 601-847-2755 [Map](#)  
**Open:** Monday - Friday

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

### Warren



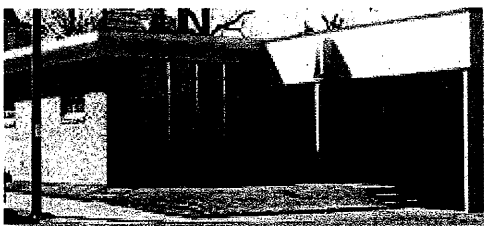
#### Warren County Health Department

807 Monroe Street  
Vicksburg, Mississippi 39180

**Phone:** 601-636-4356 [Map](#)  
**Open:** Monday - Friday

**Additional services:** First Steps • Maternity • Sexually-transmitted Diseases • TB Clinic • Food Inspection • Wastewater/Septic Tank Approval

## Yazoo



### Yazoo County Health Department

230 East Broadway Street  
Yazoo City, Mississippi 39194

**Phone:** 662-746-3713   [Map](#)

**Open:** Monday - Friday

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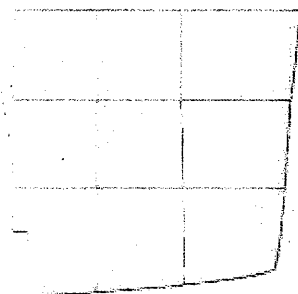
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## Public Health District 6 – East Central

Clarke  
Jasper  
Kemper  
Lauderdale  
Leake

Neshoba  
Newton  
Scott  
Smith

Rebecca James, M.D.  
District Medical Director

Tommy Williams  
District Administrator

## District Office

3128 Eighth St.

P.O. Box 5464

Meridian, MS 39302

Telephone: 601-482-3171

## Services in All Locations

Family Planning

Child Health (EPSDT)

Newborn Genetic Screening

Children's Medical Program

Hypertension (High blood pressure)

Early Intervention (First Steps)

Perinatal (PHRM)

Environmental health

Tuberculosis

HIV Screening

WIC

Immunization

Child Care Licensure

Sexually-transmitted Diseases

Pregnancy Testing

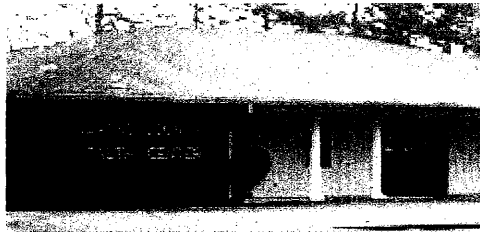
## WIC Distribution Centers

	Address	Phone	Fax	Days Open
Clarke	203 N. Archusa, Quitman	601-776-3085	601-776-3006	5
Jasper	35 Third Street, Bay Springs	601-764-4085	601-764-3899	5
Kemper	Hwy. 16, DeKalb	601-743-5537	601-743-5546	M, W, F
Lauderdale	2119 Hwy. 19 N., Meridian	601-693-5507	601-692-2769	5
Leake	1120 Hwy 35 S., Carthage	601-267-3280	601-267-3254	5
Neshoba	239 Line Ave., Philadelphia	601-656-2202	601-656-2261	5
Newton	75 WIC Road., Decatur	601-635-2129	601-635-2429	5
Scott	2047 Hwy. 35 S., Forest	601-469-4507	601-469-4514	5
Smith	147 Main St., Raleigh	601-782-9495	601-782-9463	M, W, F

## Clarke

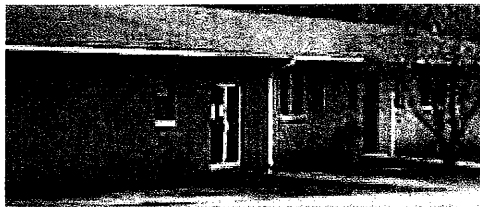
## Clarke County Health Department

426 West Donald  
Quitman, MS 39355



**Phone:** 601-776-2149 [Map](#)  
**Open:** Monday - Friday

### Jasper



**Jasper County Health Department**  
Bay Springs Clinic

2761 Highway 15  
Bay Springs, MS 39422

**Phone:** 601-764-2419 [Map](#)  
**Open:** Monday - Friday



**Jasper County Health Department**  
Heidelberg Clinic

309 Bay Street East  
Heidelberg, MS 39439

**Phone:** 601-787-3423 [Map](#)  
**Open:** Tuesday and Friday

### Kemper



**Kemper County Health Department**

Highway 16 West  
DeKalb, MS 39328

**Phone:** 601-743-5865 [Map](#)  
**Open:** Monday - Friday

### Lauderdale

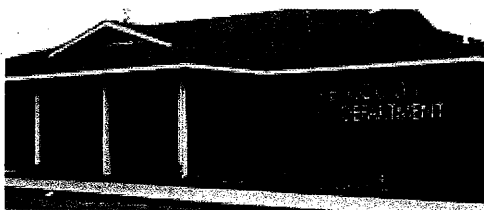


**Lauderdale County Health Department**

5224 Valley Street  
Meridian, MS 39304

**Phone:** 601-693-2451 [Map](#)  
**Open:** Monday - Friday

### Leake



#### Leake County Health Department

204 Chipley Street  
Carthage, MS 39051

**Phone:** 601-267-3072 [Map](#)

**Open:** Monday - Friday

### Neshoba



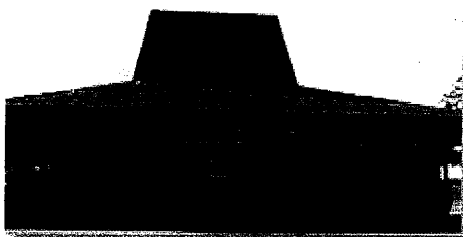
#### Neshoba County Health Department

1014 Holland Avenue  
Philadelphia, MS 39350

**Phone:** 601-656-4371 [Map](#)

**Open:** Monday - Friday

### Newton



#### Newton County Health Department Decatur Clinic

15776 Highway 15 North  
Decatur, MS 39327

**Phone:** 601-635-2337 [Map](#)

**Open:** Monday - Friday



#### Newton County Health Department Newton Clinic

500 Decatur Street  
Newton, MS 39345

**Phone:** 601-683-3331 [Map](#)

**Open:** Monday - Friday

### Scott

#### Scott County Health Department Forest Clinic

519 Airport Road



Forest, MS 39074

**Phone:** 601-469-4941 [Map](#)

**Open:** Monday - Friday



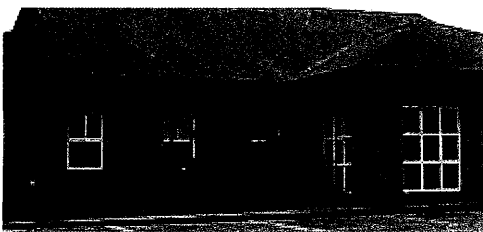
**Scott County Health Department**  
Morton Clinic

235 Highway 13 South  
Morton, MS 39117

**Phone:** 601-732-8080 [Map](#)

**Open:** Monday, Wednesday, Friday

## Smith

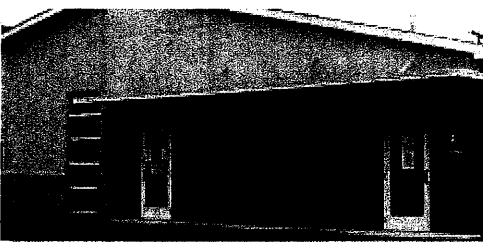


**Smith County Health Department**  
Raleigh Clinic

362 Magnolia Drive  
Raleigh, MS 39153

**Phone:** 601-782-4472 [Map](#)

**Open:** Monday - Friday



**Smith County Health Department**  
Taylorsville Clinic

102 Dallas Street  
Taylorsville, MS 39168

**Phone:** 601-785-4704 [Map](#)

**Open:** Tuesday and Thursday

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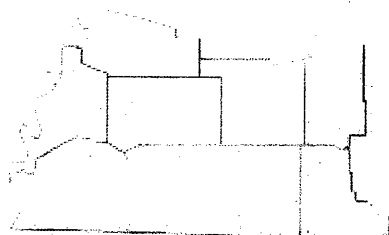
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## Public Health District 7 – Southwest

Adams  
Amite  
Franklin  
Jefferson  
Lawrence

Lincoln  
Pike  
Walthall  
Wilkinson

Clay Hammack, M.D.  
District Medical Director

Robert C. Aldridge  
District Administrator

## District Office

303A Mall Drive  
McComb, MS 39648  
Telephone: 601-684-9411

## Services in All Locations

Family Planning	Early Intervention (First Steps)	Women, Infants & Children (WIC)
Child Health (EPSDT)	Tuberculosis screening	Immunization
Maternity	Sexually-transmitted Diseases	

## WIC Distribution Centers

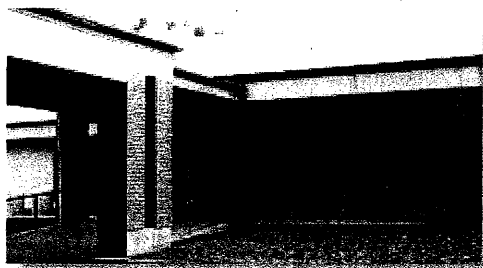
	Address	Phone	Fax	Days Open
Adams	36 Colonel John Pitchford, Natchez	601-445-2098	601-445-0985	5
Amite	1753 E. Main St., Liberty	601-657-8400	601-657-8443	5
Franklin	108 Mill Road, Bude	601-384-2219	601-384-4086	5
Jefferson	425 E. Harrison St., Fayette	601-786-3541	601-786-3549	5
Lawrence	1157 W. Broad St., Monticello	601-587-7061	601-587-7026	5
Lincoln	758 Industrial Park Rd., Brookhaven	601-833-8880	601-833-8258	5
Pike	1029 Phillips Road	601-249-4641	601-249-4641	5
Walthall	1508 Beulah Ave., Tylertown	601-876-6219	601-876-6777	5
Wilkinson	131 Hwy. 61 North, Woodville	601-888-3580	601-888-3165	5

## Adams

## Adams County Health Department

415 Hwy 61 North  
Natchez, MS 39120

Phone: 601-445-4601 Map  
Open: Monday - Friday



**Additional services:** Perinatal (PHRM) • First Steps (Early Intervention) • Diabetes management • Hypertension control • Children's Medical Program • Adult and international travel immunizations • Home Visits

### Amite



#### Amite County Health Department

100 Irene Street  
P.O. Box 209  
Liberty, MS 39645

**Phone:** 601-657-8351 [Map](#)  
**Open:** Monday - Friday

**Additional services:** First Steps (Early Intervention) • Environmental Health • Diabetes management • Hypertension control • Public Health Laboratory • Maternity

### Franklin



#### Franklin County Health Department

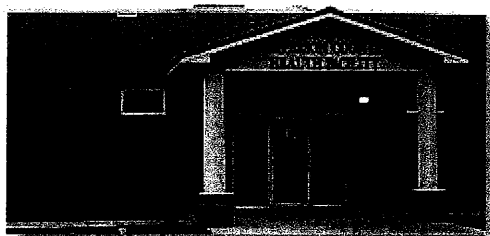
140 Mill Road  
P.O. Box 99  
Bude, MS 39630

**Phone:** 601-384-5871 [Map](#)  
**Open:** Monday - Friday

**Additional services:** First Steps (Early Intervention) • Perinatal (PHRM) • Environmental Health • Diabetes management • Hypertension control

### Jefferson

**Phone:** 601-786-3061



#### Jefferson County Health Department

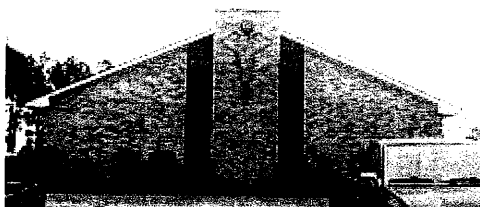
700 Main Street  
P.O. Box 446  
Fayette, MS 39069

**Phone:** 601-786-3061 [Map](#)  
**Open:** Monday, Tuesday, Wednesday, Friday.

Closed on Thursdays.

**Additional services:** First Steps (Early Intervention) • Perinatal (PHRM) • Environmental Health • Diabetes management • Hypertension control

## Lawrence



### Lawrence County Health Department

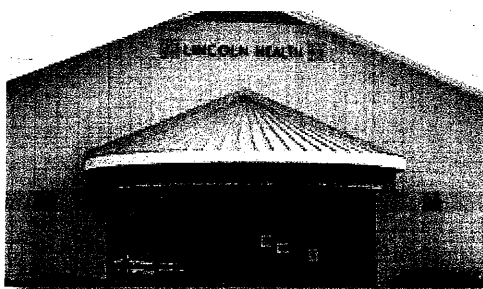
1230 Nola Road  
P.O. Box 246  
Monticello, MS 39654

**Phone:** 601-587-2561 [Map](#)

**Open:** Monday - Friday

**Additional services:** First Steps (Early Intervention) • Perinatal (PHRM) • Environmental Health • Diabetes management • Hypertension control • Maternity

## Lincoln



### Lincoln County Health Department

1212 Northpark Lane NE  
P.O. Box 630  
Brookhaven, MS 39602

**Phone:** 601-833-3314 [Map](#)

**Open:** Monday - Friday

**Additional services:** Children's Medical Program • First Steps (Early Intervention) • Environmental Health • Hypertension control • Genetic Services • Maternity • Lead Screening • Sanitation

## Pike

### Pike County Health Department McComb Clinic

This location is temporarily closed. Services are being offered at the Magnolia location and the McComb WIC warehouse facility below.

**Pike County WIC Warehouse**  
1029 Phillips Road  
McComb, MS 39648

**Phone:** (601) 249-4397

**Open:** Monday - Friday

**Services offered:** WIC • Flu shots • Immunizations • Tuberculosis skin tests • Pre-marital

tests • School compliance form 121

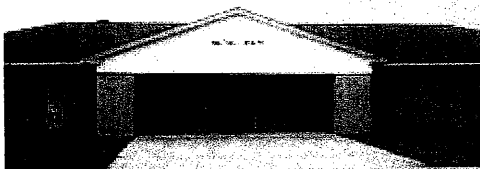
**Pike County Health Department**  
Magnolia Clinic

1130 North Clark Avenue  
Magnolia, MS 39652

**Phone:** 601-783-5662    [Map](#)  
**Open:** Monday - Friday

**Services offered:** Family planning • Maternity • TB treatment • STD testing • Flu shots • First Steps (Early Intervention) • Environmental Health • Genetic Services • Social Services • Milk Sanitation • HIV / AIDS testing • Child Care

**Walthall**



**Walthall County Health Department**

903 Union Road  
Tylertown, MS 39667

**Phone:** 601-876-4924    [Map](#)  
**Open:** Monday - Friday

**Additional services:** Diabetes management • Hypertension control • Environmental Health • Genetic Services • Maternity • Lead Screening • Medicaid Screening

**Wilkinson**



**Wilkinson County Health Department**

First South Street  
P.O. Box 398  
Woodville, MS 39669

**Phone:** 601-888-4202    [Map](#)  
**Open:** Monday - Friday

**Additional services:** First Steps (Early Intervention) • Chronic Illness • Diabetes management • Hypertension control • Environmental Health • Maternity • Public Health Laboratory

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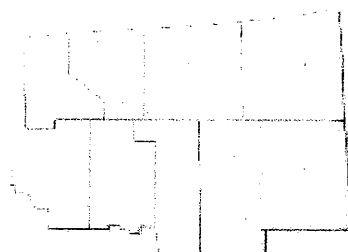
## Public Health District 8

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## Public Health District 8 – Southeast

Covington  
Forrest  
Greene  
Jefferson  
Davis  
Jones

Lamar  
Marion  
Perry  
Wayne

Clay Hammack, MD  
District Medical Director

Buddy Daughdrill  
District Administrator

## District Office

602 Adeline Street  
Hattiesburg, MS 39401  
Telephone: 601-544-6766

## Services

Family Planning  
Child Health (EPSDT)  
Children's Medical Program  
Children's Health Insurance  
Tuberculosis

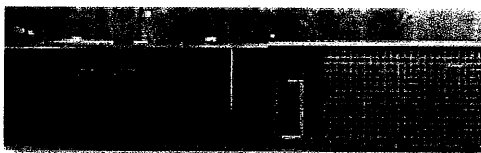
Maternity  
Perinatal (PHRM)  
STDs  
Breast & Cervical Cancer  
Hypertension (High blood pressure)

WIC  
Immunization  
Early Intervention (First Steps)  
Social Work  
Diabetes control

## WIC Distribution Centers

	Address	Phone	Fax	Days Open
Covington	0220 East Street, Collins	601-765-4097	601-765-4095	5
Forrest	1515 Florida Ave., Hattiesburg	601-582-2081	601-545-5622	5
Forrest (WIC South)	64 Old Airport Road, Hattiesburg	601-545-4437	601-545-4439	Wed. (all day) & Fri. (AM only)
Greene	208 Lafayette St., Leakesville	601-394-2391	601-394-5685	5
Jefferson Davis	675 Columbia Ave., Prentiss	601-792-4823	601-792-9161	5
Jones	1222 Hillcrest Dr., Hattiesburg	601-428-4178	601-649-6357	5
Lamar	136 Front St., Purvis	601-794-6294	601-794-9367	5
Marion	1931 N. Main St., Columbia	601-736-4054	601-736-4005	5
Perry	503 Third Ave, New Augusta	601-964-3600	601-964-3608	5
Wayne	1105 Bradley St, Waynesboro	601-735-5447	601-735-5731	5

### Covington



#### Covington County Health Department

502 Beech Street  
Collins, MS 39428

**Phone:** 601-765-4291 [Map](#)

**Open:** Monday - Friday

### Forrest



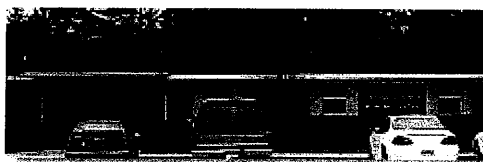
#### Forrest County Health Department

5008 Highway 42  
Hattiesburg, MS 39401

**Phone:** 601-583-0291 [Map](#)

**Open:** Monday - Friday

### Greene



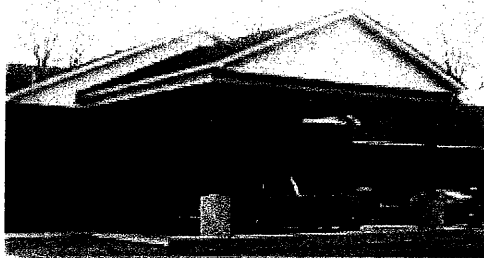
#### Greene County Health Department

1799 Davis Street  
Leakesville, MS 39451

**Phone:** 601-394-2389 [Map](#)

**Open:** Monday - Friday

### Jefferson Davis



#### Jefferson Davis County Health Department

1185-A Frontage Road  
Prentiss, MS 39474

**Phone:** 601-792-5135 [Map](#)

**Open:** Monday - Friday

### Jones



**Jones County Health Department**

Highway 11 South  
Laurel, MS 39440

**Phone:** 601-426-3258 [Map](#)

**Open:** Monday - Friday

**Lamar**



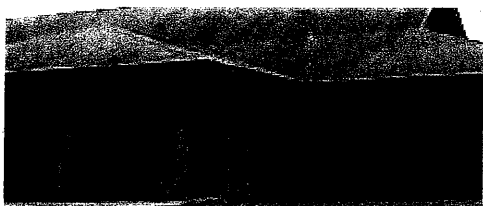
**Lamar County Health Department**

207 Main Street  
Purvis MS 39475

**Phone:** 601-794-1055 [Map](#)

**Open:** Monday - Friday

**Marion**



**Marion County Health Department**

908 Sumrall Street  
Columbia, MS 39429

**Phone:** 601-736-2676 [Map](#)

**Open:** Monday - Friday

**Perry**



**Perry County Health Department**

102 Main Street  
New Augusta, MS 39462

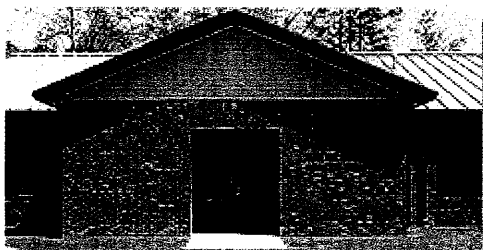
**Phone:** 601-964-3288 [Map](#)

**Open:** Monday - Friday

**Wayne**

**Wayne County Health Department**

1100A Cedar Street  
Waynesboro, MS 39367



**Phone:** 601-735-2351   [Map](#)  
**Open:** Monday - Friday

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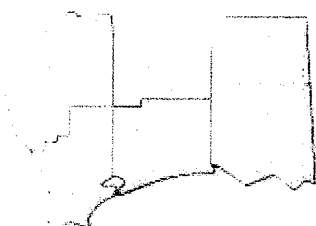
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## Public Health District 9 – Coastal / Plains

George  
Hancock  
Harrison

Jackson  
Pearl River  
Stone

Robert Travnicek, MD, MPH  
District Medical Director

Robert C. Aldridge  
District Administrator

District Office  
15151 Community Road  
P.O. Box 3749  
Gulfport, MS 39505  
Telephone: 228-831-5151

## Services

Family Planning  
Child Health (EPSDT)  
Children's Medical Program  
Children's Health Insurance  
Tuberculosis

## Maternity

Perinatal (PHRM)  
STDs  
Breast & Cervical Cancer  
Hypertension (High blood pressure)

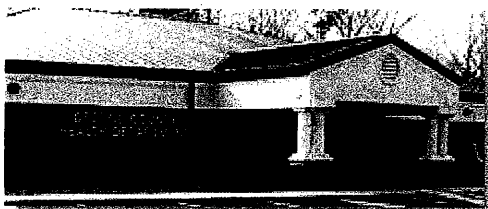
## WIC

Immunization  
Early Intervention (First Steps)  
Social Work  
Diabetes control

## WIC Distribution Centers

	Address	Phone	Fax	Days Open
George	10 Suzanne St., Lucedale	601-947-6352	601-947-6352	5
Hancock	10221 Hwy 603, Bay St. Louis	228-467-1086	228-467-1942	5
Harrison – Biloxi	4046 Suzanne Dr., D'Iberville	228-396-5194	228-396-5196	5
Harrison – Gulfport	330 Courthouse Road, Gulfport	228-897-7630	228-897-7633	5
Harrison – Gulfport	12451 Dedeaux Road, Gulfport	228-539-4220	228-539-4203	5
Harrison – Keesler Clinic	Keesler Air Force Base, Biloxi	228-374-5431	228-374-5431	5
Jackson	5702 Second Street, Moss Point	228-769-0130	228-769-0130	5
Pearl River	7063 Hwy 11, Carriere	601-798-5635	601-798-5612	5
Stone	309 Vardaman St., Wiggins	601-928-2139	601-928-2139	5

## George



## George County Health Department

166 West Ratliff Street  
Lucedale, MS 39452

Phone: 601-947-4217 Map

**Open:** Monday - Friday

### Hancock



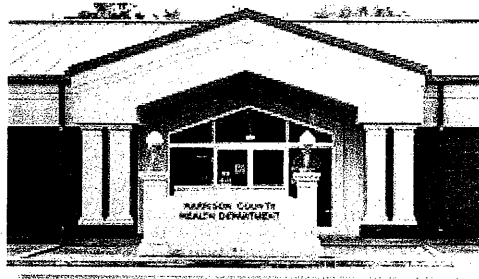
#### Hancock County Health Department

3062 Longfellow Road  
Building 25  
Bay Saint Louis, MS 39520-8602

**Phone:** 228-467-4510 [Map](#)

**Open:** Monday - Friday

### Harrison

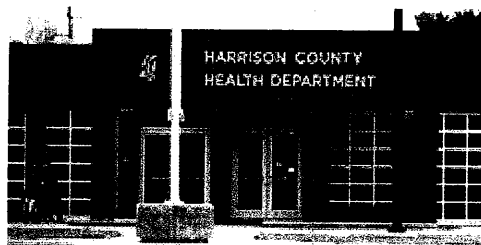


#### Harrison County Health Department Biloxi Clinic

761 Esters Blvd  
Biloxi, MS 39530-3134

**Phone:** 228-435-3641 [Map](#)

**Open:** Monday - Friday



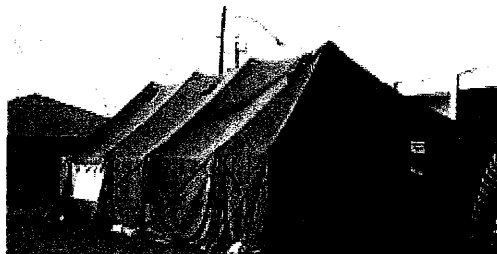
#### Harrison County Health Department Gulfport Clinic

1102 45th Avenue  
Gulfport, MS 39501

**Phone:** 228-863-1036 [Map](#)

**Open:** Monday - Friday

### Jackson



#### Jackson County Health Department Pascagoula Clinic

1702 Telephone Rd  
Pascagoula, MS 39567

**Phone:** 601-566-6644 [Map](#)

**Open:** Monday - Friday



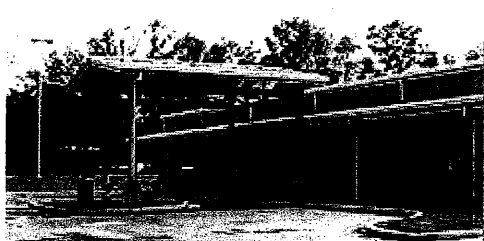
**Jackson County Health Department**  
Ocean Springs Clinic

6912 North Washington Ave  
Ocean Springs, MS 39564

**Phone:** 228-872-4861   [Map](#)  
**Open:** Monday - Friday

**Environmental Services:** 228-875-1336 • Food Service • Wastewater

**Pearl River**



**Pearl River County Health Department**

7547 Highway 11 North  
Carriere, MS 39426

**Phone:** 601-798-6212   [Map](#)  
**Open:** Monday - Friday

**Environmental Services:** 601-798-5354

**Stone**



**Stone County Health Department**

305 Central Ave  
Wiggins, MS 39577

**Phone:** 601-928-5293   [Map](#)  
**Open:** Monday - Friday

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Dr. Robert Galli  
UMMC  
Jackson, MS

FCC Pilot Program: WC Docket Number : 02-60

## **APPENDIX 7**

### **UMMC's Consumer Health Education Center**



# University Hospitals and Clinics, Patient Education

The University of Mississippi Medical Center



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Consumer Health Education Center

Administered by the Rowland Medical Library

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- Search Other Internet Sites
- Hospital Compare (US Dept. HHS)
- National Library of Medicine:  
PubMed  
Clinical Trials
- Other Online Library Catalogs  
Jackson-Hinds Library System  
NLM Catalog  
NLM Locator Plus

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(Information Prescription Code Needed)

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# CHEC

## About CHEC

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### Overview

The University Hospitals and Clinics and the Rowland Medical Library at the University of Mississippi Medical Center have initiated a joint effort to develop a community-based health information facility. CHEC is funded by the National Network of Libraries of Medicine, Southeastern/Atlantic Region of the National Library of Medicine, under a \$40,000 sub-contract for an Access to Electronic Health Information for the Public project.

CHEC is a model interactive educational resource center to meet the health information needs of the patients, caregivers and the surrounding community. It will be a complement to the patient education services provided by health care professionals to the patients at their clinics. CHEC will increase the role of the health care providers in educating their patients by providing health information that the consumer is seeking, thus increasing compliance and helping patients become better partners in their own care. CHEC will also allow health professionals and students to access information and actively engage in patient education activities in a preceptorship ambulatory setting.

The center will have ready and easy access to a comprehensive collection of health information through numerous consumer health books, videos and pamphlets from different healthcare associations and organizations. The facility will provide consumers privacy to seek information and to read it while providing a safe convenient centralized site in pleasant surroundings. CHEC will also provide access to computers with Internet connections to access quality health information sources on the Internet. To further that end, the CHEC web site provides access to health information including numerous Mississippi health resources and Mississippi health topics to patients statewide. Professional staff and trained volunteers at the center will provide expertise to assist the public and health professionals in meeting their health information needs.

### Objectives:

The center will:

- have ready and easy access to a comprehensive collection of health information.
- have computers with Internet connections to access quality health information sources on the Internet.
- provide consumers privacy to seek information and to read it while providing a safe convenient centralized site in pleasant surroundings.
- have staff and trained volunteers to provide expertise to assist the public and health professionals in meeting their health information needs.



- **not be a substitute** for the doctor's and healthcare provider's advice and recommendations to the patient.

### DISCLAIMER OF LIABILITY

#### **Locations:**

Jackson Medical Mall - MD100-A  
University of Mississippi Medical Center  
University Hospitals and Clinics  
Rowland Medical Library  
350 W. Woodrow Wilson Ave.  
Jackson, MS 39216  
Tel/Fax: 601-815-8662  
[Map](#)

University of Mississippi Medical Center -  
Lexington  
Rowland Medical Library  
239 Bowling Green Road  
Lexington, MS 39095  
Tel: 662-834-5126  
Fax: 662-834-3559  
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## Web Search Engines

- [About.com / Health](#)
- [AltaVista / Health](#)
- [Excite / Health](#)
- [Google / Patient Education](#)
- [Lycos / Health](#)
- [Yahoo / Health](#)

## Health Site Search Engines

Many of the following links connect directly to each site's more advanced search engine. Most of the links listed on the [Medical Web Site](#) page also feature search engines of some type.

- [CHID Online Search](#)
- [drkoop.com Search](#)
- [eMedicine World Medical Library](#)
- [HealthCentral Search](#)
- [Healthfinder Search](#)
- [HEALTHLINE](#)
- [LaurusHealth Search](#)
- [Mayo Clinic Health Oasis Search](#)
- [Medscape Search](#)





- [Patient Education for University of Utah Health Sciences Center / Spanish Language Resources](#)

[Site Map](#)

[Search](#)

[Directions](#)

[News](#)

[Campus Map](#)

[Directories](#)

[EEO Statement](#)



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*Patient*  
**Health Information**  
THE UNIVERSITY HOSPITALS AND CLINICS

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Locate Patient Education Materials:

- Call Number Index
  - Category Index
  - Department Index
  - Title Index
- 

Title Page  
Guidelines for Submitting Materials  
Submission Form  
Diabetic Flow Record (pdf)

[Health Topics](#)[Miss Health Topics](#)[Miss Resources](#)[Patient Ed Database](#)[MedlinePlus](#)[CHEC Collections](#)

CHEC

CHEC Collections

[CHEC Home](#) ~ [Rowland Library Home](#)[Pamphlets](#) ~ [Books](#) ~ [Videos](#)

## Pamphlets

<a href="#">Addiction</a>	<a href="#">Eyes</a>	<a href="#">Pain Management</a>
<a href="#">Bones, Joints &amp; Muscles</a>	<a href="#">Food &amp; Nutrition</a>	<a href="#">Parenting</a>
<a href="#">Cancer</a>	<a href="#">General Health</a>	<a href="#">Pregnancy &amp; Reproduction</a>
<a href="#">Child &amp; Teen Health</a>	<a href="#">Genetics &amp; Birth Defects</a>	<a href="#">Pulmonary</a>
<a href="#">Dental</a>	<a href="#">Health Services</a>	<a href="#">Senior's Health</a>
<a href="#">Diabetes</a>	<a href="#">Heart &amp; Circulatory System</a>	<a href="#">Spanish</a>
<a href="#">Digestive, Kidneys &amp; Urinary System</a>	<a href="#">Hepatitis</a>	<a href="#">Sexually Transmitted Diseases</a>
<a href="#">Drugs &amp; Medications</a>	<a href="#">Men's Health</a>	<a href="#">Tests &amp; Procedures</a>
<a href="#">End-of-life Decisions</a>	<a href="#">Mental Health</a>	<a href="#">Weight Control</a>
<a href="#">Exercise</a>	<a href="#">Neurological</a>	<a href="#">Women's Health</a>

## Addiction

- [About addiction](#)
- [Alcohol - facts to know](#)
- [Alcohol : your child and drugs](#)
- [Calling it quits - tips to stop smoking](#)
- [Facts about smoking and pregnancy](#)
- [Fresh start family](#)
- [Living smoke-free for you and your baby](#)
- [The risks of tobacco use : a message to parents and teens](#)
- [Smoke around you - the risks of involuntary smoking](#)
- [Smoking during pregnancy](#)

